

1970

# 1970 Clinic Yearbook

Terrence S. Carden Jr

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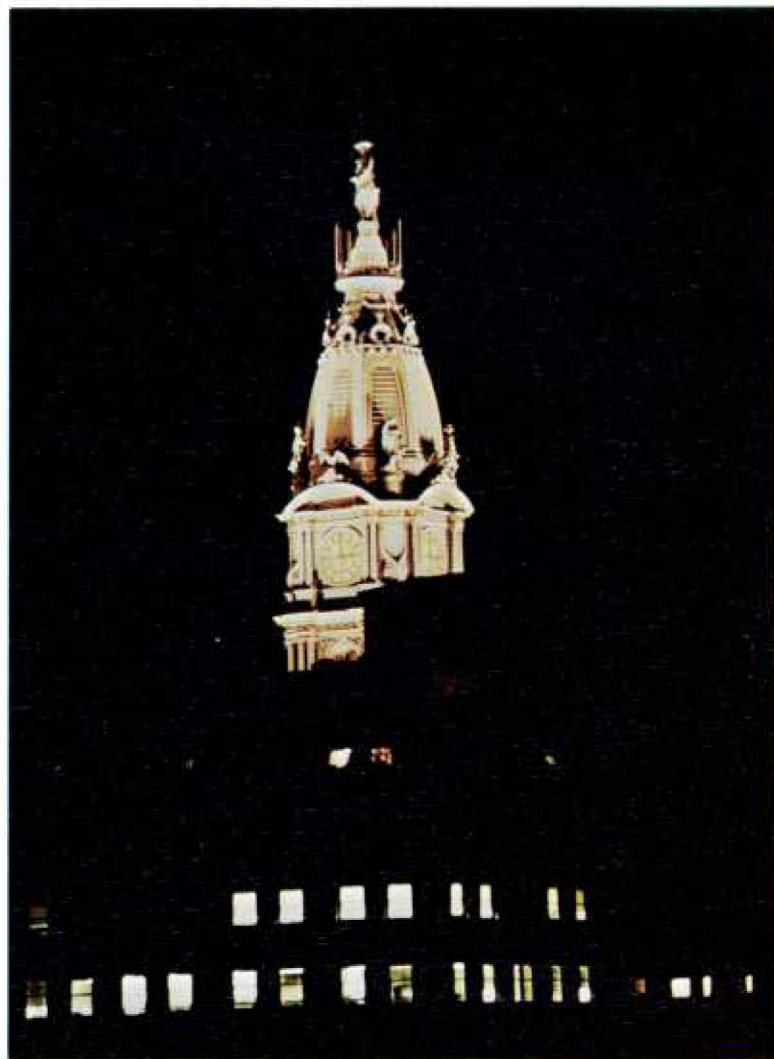




jefferson medical college, philadelphia • 1970 clinic







*Every city takes on a new identity at night. For some, the ugliness of the grim urban landscape is hidden by the bright lights and pleasing patterns of color. Among the most attractive night scenes in the nation is the Philadelphia Art Museum, even more appealing after a Summer rainstorm. "Billy" Penn atop his City Hall tower is as much a part of Philadelphia as scrapple and hot pretzels. To the right are comparative views of downtown Philly—from Benjamin Franklin Parkway (top) and Star Pavilion.*

philadelphia ... city of lights







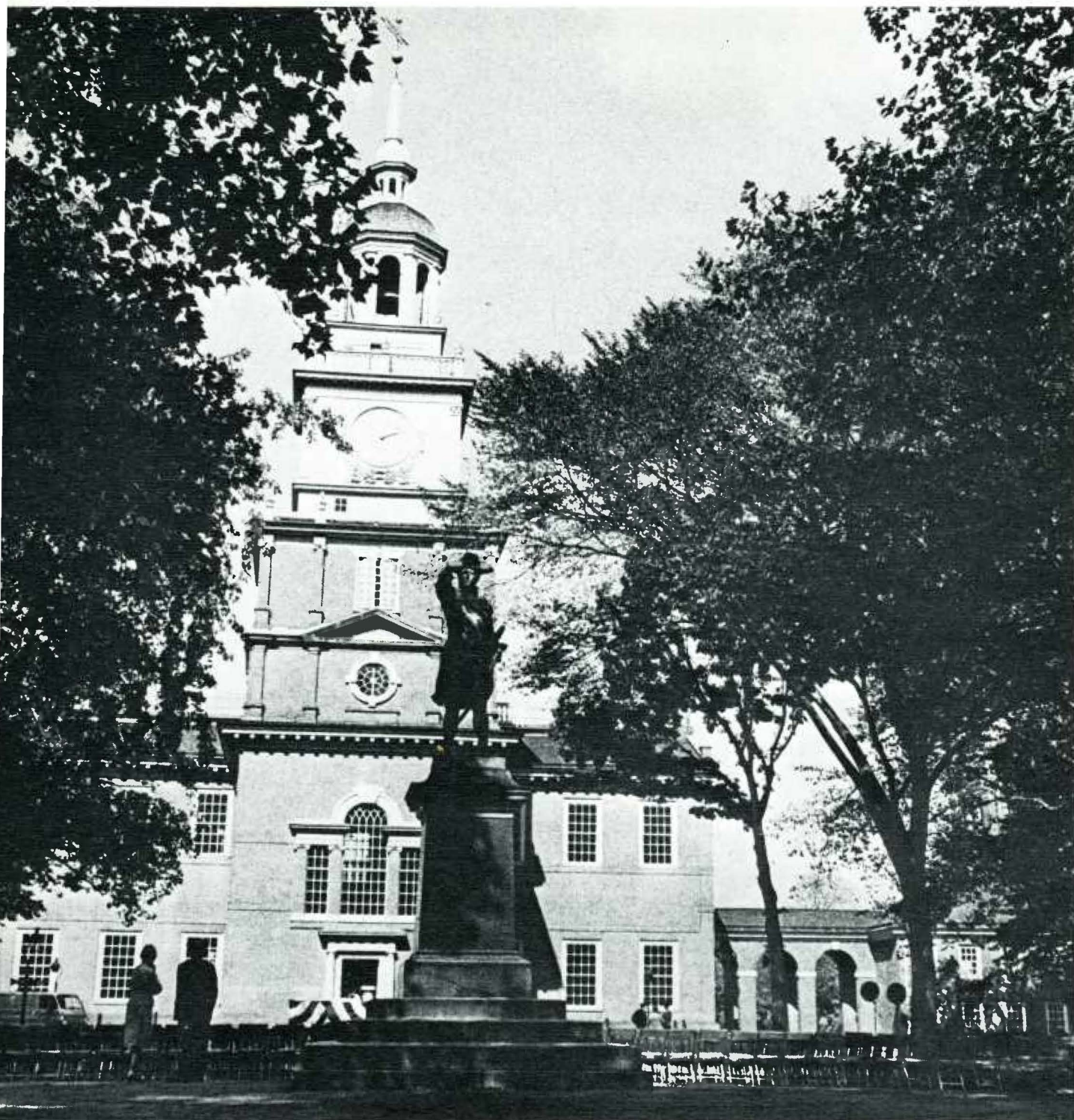
'for what human ill  
does not dawn seem  
to be an alleviation?'

Thornton Wilder

*The city's daytime face is different—more inviting to some—but light and shadows still combine to give it a unique character. The city is people and places, simple and historic, active and indolent. It is the scene of the most memorable four years spent by Jefferson students.*









'light, God's eldest daughter, is  
principal beauty in a building'

Thomas Fuller







*Jefferson joins the city in putting forth a new—and dramatic—face at night. Eakins' Gross Clinic, a symbol of "everything that is Jefferson" to many, dominates the College Building entrance. A stone gargoyle outside is silhouetted against the harvest moon as nighttime traffic whizzes by on Walnut Street. The stairwell of Orlowitz Hall also creates an attractive pattern against the shroud of darkness.*





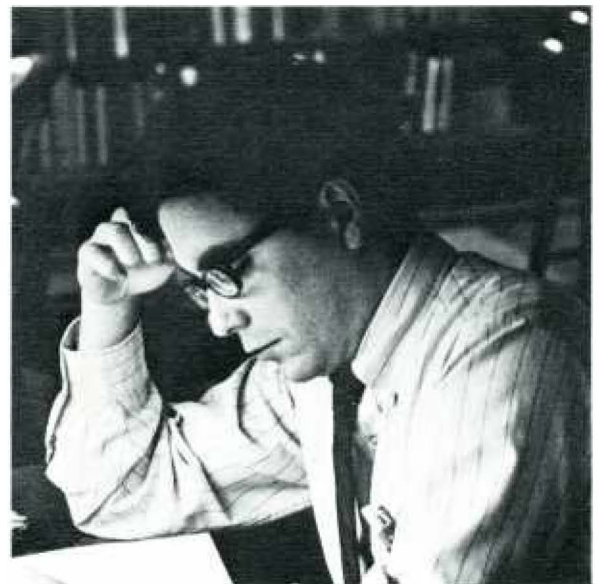




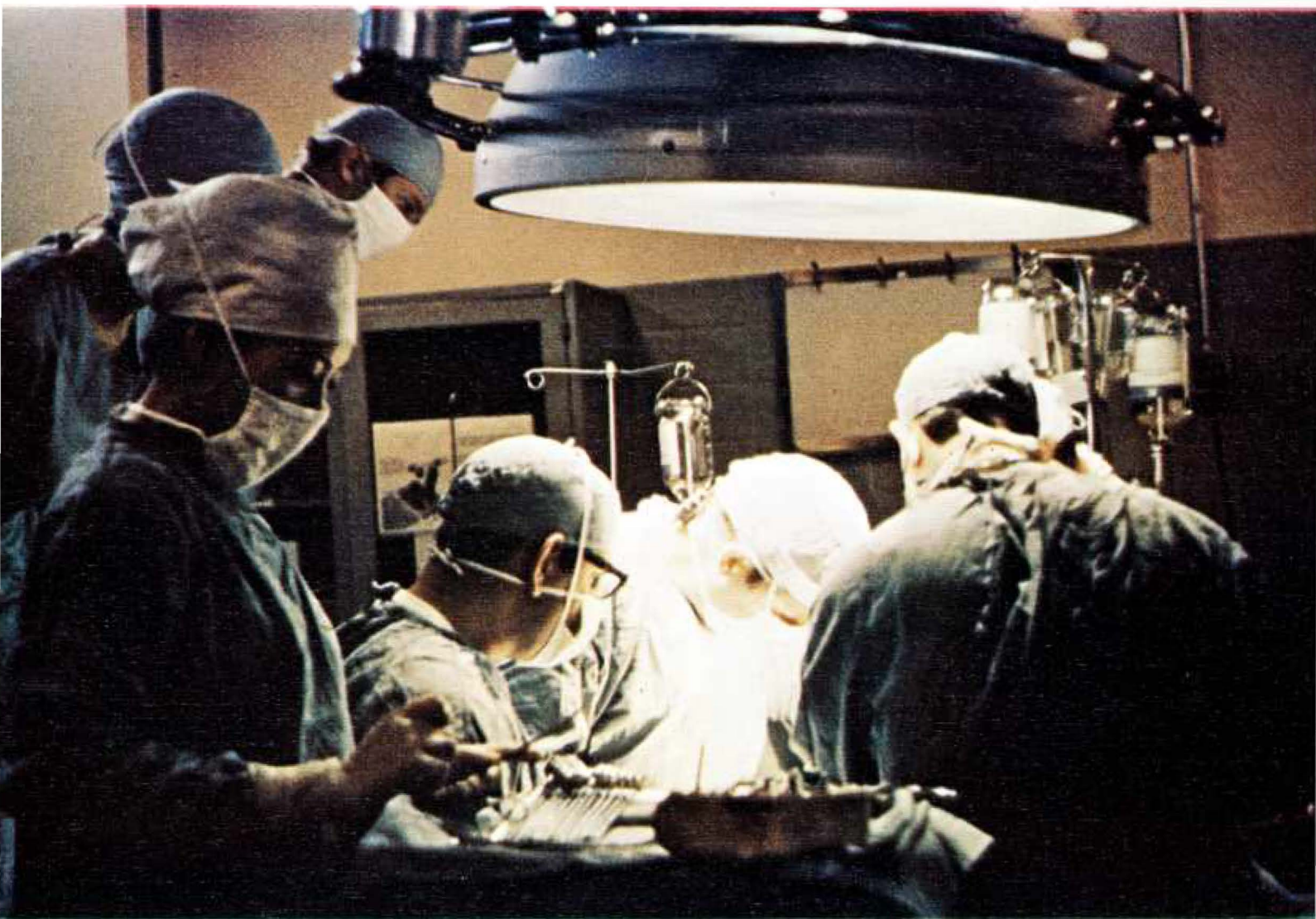
'we are no other than a moving row  
of magic shadow-shapes that come and go'

Omar Khayyám

*A medical student's four-year experience is a collage of brief moments — both unforgettable and eminently routine. Many of the quiet moments, after visitors and attending staff have left and the shadows of evening flit through the hospital corridors, prove to be the most memorable. These are the brief moments when relaxation and reflection are possible.*

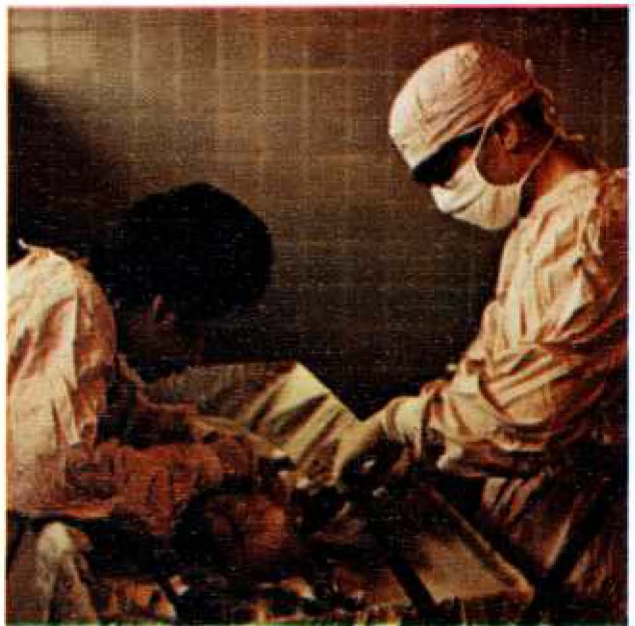






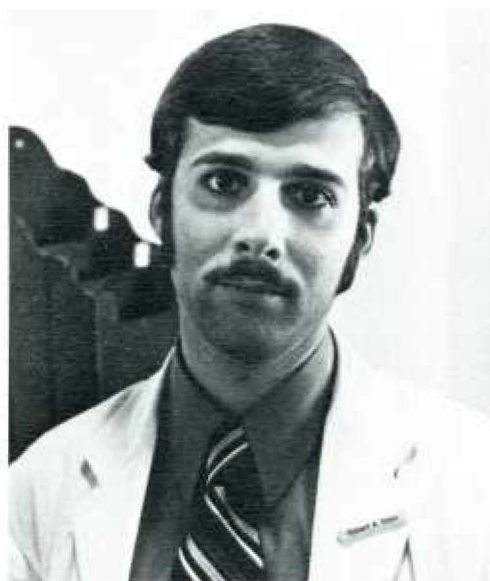
'light—more light ...' Goethe





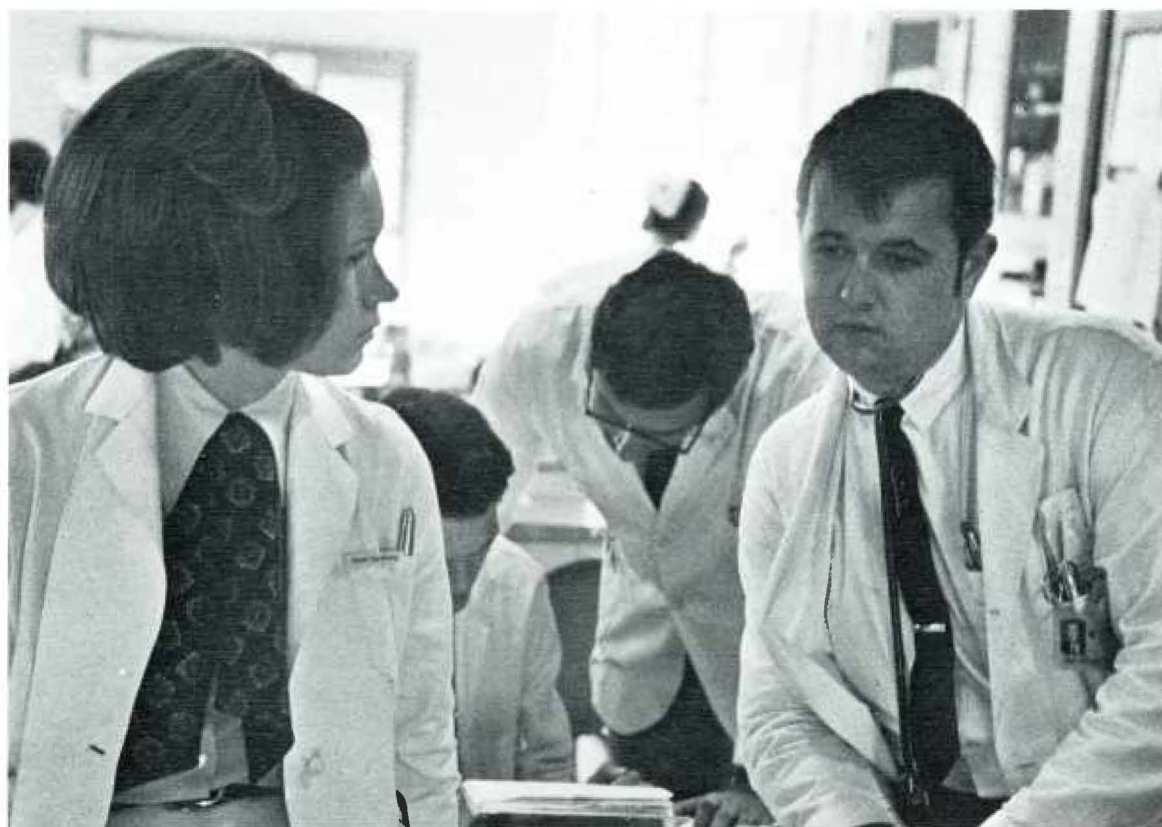
*Lighting in the operating and delivery rooms is functional as well as dramatic. For many in medicine, this is where the action is. The colorful, starkly contrasting pattern of light and shadows gives some that hint of the drama unfolding in these rooms daily.*





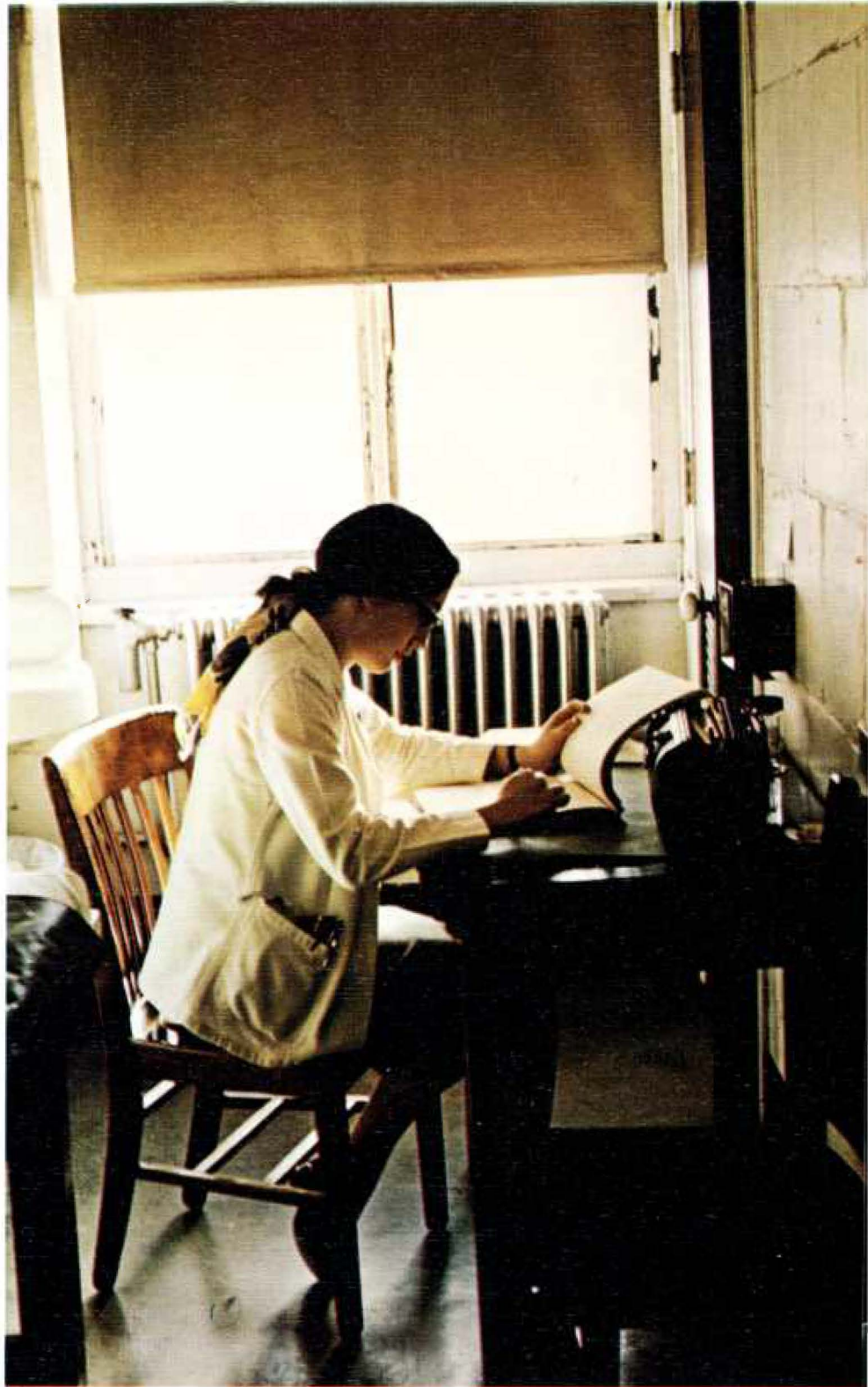
'fond memory  
brings the light of other  
days around me'

Thomas Moore





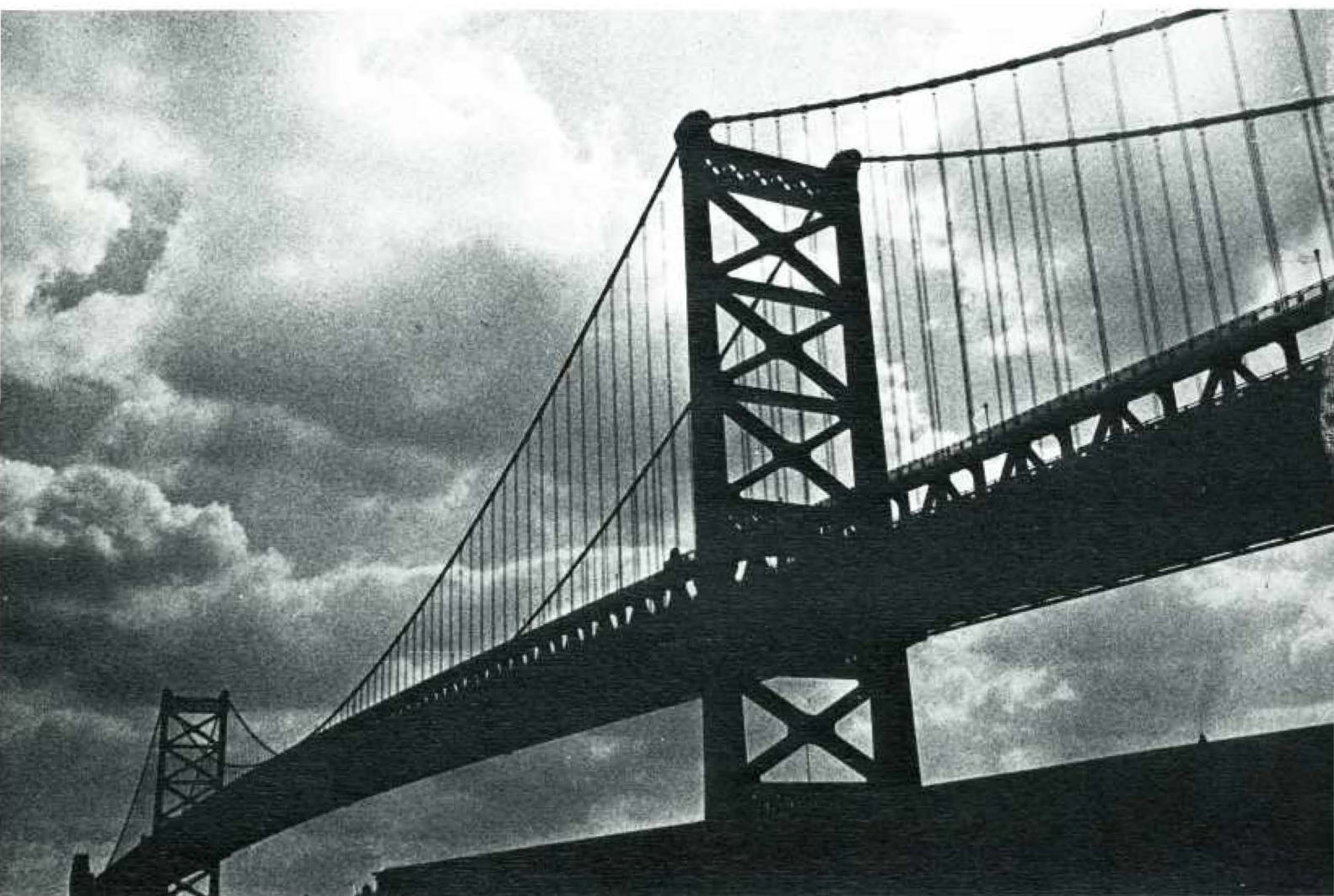




'a man's real possession is his memory' Alexander Smith







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seniors 50  
preclinical 130  
clinical 166  
activities 210

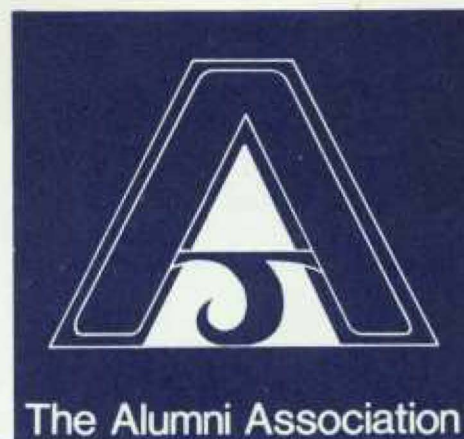
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*"It shall have as its objects, the promotion of the prosperity of Jefferson Medical College, the maintenance and cultivation of good feeling among the alumni and above all the advancement of the interests of medical education and the diffusion of sound medical knowledge."*

ART. II CONSTITUTION AND BY-LAWS

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A year book's dedication is a serious matter to the editors and staff. It means the selection of one individual or group as providing the most inspiration for the year's effort. Debate over the selection is often long and difficult. This year there was no debate. There was no question in the editors' minds that the 1970 *Clinic* should honor Jefferson's thousands of graduates on this, the 100th anniversary of their Alumni Association.

■ The *Clinic* feels especially close to the alumni, for it exists through their generosity. We have other sources of revenue, but year after year the alumni contribution in the form of patron donations makes it possible to publish. *Clinic* staffs over the years have been grateful, but have had no meaningful way to show their appreciation. We believe this special section—dedicated to all of our alumni, living and dead—gives us the opportunity our predecessors were lacking.

■ We have decided to publish biographical sketches of some of the great

men from Jefferson's past. Our hope is that this will be a fitting tribute to the alumni, that it will convey our gratitude for their support and encouragement and that it will provide a source of inspiration for today's students. To most students, these giants of Jefferson's past are merely names—names recited at orientation lectures, names recalled by senior professors or names cited in historical references in medical literature.

■ Our greatest problem was not in preparing the sketches—that was a "labor of love"—but was in limiting the men selected for inclusion. What started out as a more modest venture kept expanding. More and more pages were added to accommodate additional material. Finally, a cutoff point had to be set and the editors unhappily were unable to include information on several other men who contributed significantly to Jefferson's history.

■ We may be criticized for our selections, but an editorial judgment had to be made so we made it, feeling strongly

that it is much better to publish detailed information about a few men than brief sketches of many. The sketches appear chronologically according to the date of graduation.

■ We are grateful to the many people at Jefferson who helped us in this endeavor—to Robert Lentz, for providing us the necessary reference material from the library; to Leo Riordan for the generous donation of his time and talent in preparing and reviewing some of these works; to Nancy Groseclose, for her encouragement and liaison with the alumni and to Dr. Gonzalo E. Aponte for reviewing some of the manuscripts for technical accuracy.

■ When we made the decision to prepare a special section of this type, we hoped that it alone would make the 1970 *Clinic* a worthy addition to the bookshelf of any alumnus, student, parent or faculty member. Only time will tell the effectiveness of our effort.

Terrence S. Carden, Jr.  
Editor



Samuel D. Gross was more than an eminent alumnus, a preeminent alumnus or even an immortal alumnus. He is accepted generally as the greatest physician Jefferson has produced. Fielding Garrison, an authority on medical history, described Gross as "the greatest American surgeon of his time." To many, he symbolizes Jefferson, dominating its past, reflected in its present and giving inspiration for its future. He came to Jefferson in its infancy—when the college was barely two years old and struggling for its very existence. When he retired in 1882, Jefferson had a respected reputation, built in large part on Gross prestige.

Gross' life is testimony to the ability of genius to overcome obstacles. He was born a simple Pennsylvania Dutch farm boy near Easton, but because his mind and his industry were irrepressible he became an international figure. His first obstacle was language, perhaps the most important academic tool. He spoke almost no

English, since the family tongue was the peculiar German dialect spoken by the Pennsylvania Dutch. Gross not only gained mastery of English as a youth, but French, Italian, Latin and Greek as well. This was characteristic of the man: he performed the task at hand, then went beyond it. For the remainder of his life, he was an insatiable reader and prolific author, working to within two hours of his death.

■ Tributes to Gross have been boundless—both in number and source. Most significant are the assessments of his colleagues and students. A fitting example is the inscription on the urn containing Gross' cremated remains in Philadelphia's Woodland Cemetery:

A master of surgery, he filled chairs in four medical colleges in as many states and added lustre to all. He recast surgical science as taught in North America, formulated anew its principles, enlarged its domain, added to its art and imparted fresh

impetus to its study. He composed many books and among them *A System of Surgery*, which is read in different tongues wherever the healing art is practiced.

That tribute was composed by W. D. Yandell, who went on to become one of the Midwest's great surgeons after studying under Gross at the University of Louisville.

Many consider William Williams Keen to have been Gross' foremost pupil, and there is evidence that Gross agreed with that assessment. In 1918 Keen recalled the last years of the master surgeon when Gross "cast aside strong prejudices" to endorse the "then struggling principles of Listerism." This, of course, was also characteristic of the man. He was ever ready to accept new knowledge. When he introduced rudimentary methods of antisepsis in his clinic, the incidence of wound infections was reduced. But many physicians, most of then younger than Gross, continued to scoff.



**H**e recast surgical science as taught in North America

Samuel D. Gross, M.D.

Class of 1828



Other pioneers also received support and encouragement from Gross. Nicholas Senn, the great Chicago surgeon, revealed that he had dedicated his major work on tumors to Gross because the Jefferson surgeon had encouraged him when he was despairing over criticism of an article he had written early in his career. Gross praised the article and urged the young surgeon to "go on to greater things." Gross knew first-hand the struggle for greatness, and how helpful encouragement could be.

His own struggle began inauspiciously after his graduation from Jefferson in 1828. Prospects were lean for a young physician in Philadelphia at that time, so Gross and his new wife returned to Easton—hardly the place to build an international reputation—where he began to practice. In his spare time he worked diligently, dissecting cadavers (obtained "quietly") and writing. His output was voluminous. Within 18 months of his graduation he had translated four major works and published a total of 11,000 pages. *Nulla die sine linea* (no day without writing) was his motto, and he stuck to it. After his initial effort at translation, he embarked on a career of original contributions, writing a text entitled *Diseases and Injuries of the Bones and Joints*.

■ Soon after his original writings were published (Post hoc ergo propter hoc?), Gross headed West to teach anatomy at the College of Ohio. He was 28 years old and had only \$150 to his name. He later was appointed professor of pathological anatomy at Cincinnati Medical School. While there, he published *Elements of Pathological Anatomy*, the first book on this subject in English. The text gained him recognition in Europe, for he was soon invited to membership in the Imperial Medical Society of Vienna. Membership in the Clinical and Pathological Societies of London and the Medico Chirurgical Society of Edinburgh soon followed. The significance of Gross' work can be gauged by the reaction of Virchow, "father of pathology." Thirty years after *Elements* was published, Gross was honored at a banquet in Vienna and Virchow, his host, displayed a copy of the text, describing it as one of the prized works in his library.

At the age of 35, Gross left Cincinnati for Louisville, where he taught surgery from 1840 to 1856. While there, he completed his *System of Surgery*, which biographers believe was his greatest contribution. It took two volumes to encompass the 2,300 pages and it established Gross as America's foremost surgeon at that time. When he retired, it had gone through six editions and had been translated into most major languages. Years later, Keen described the work as "a mine of information, a textbook worthy of its author. It has been the companion and guide of many generations of students."

■ Gross accomplished much at Louisville, but in 1856 he decided to return to Philadelphia where he could limit his practice to surgery. At the age of 51, he resumed his association with Jefferson and, in his introductory address, made this commitment:

Whatever of life and health and strength remain to me I hereby, in the presence of Almighty God and this large assemblage, dedicate to the cause of my *alma mater*, to the interests of medical science and the good of my fellow creatures.

He remained active at Jefferson for 26 years, operating, teaching and writing. On the eve of the Civil War, the War Department asked him to prepare a *Manual of Military Surgery*. Published in 1861, it was rushed to Union surgeons treating battlefield casualties. The Confederacy published a "pirated" edition, giving Gross full credit but regretting that "conditions beyond our control" prevented the "usual reprint arrangements" with the author. Ironically, Gross became a unifying force in medicine after the war, just as his surgical manual had been during the conflict. He was one of the major factors behind the election of a Tulane professor as the 30th president of the American Medical Association. According to reports at the time, Gross backed the election "to help obliterate the effects of the war in the profession."

Gross took a leading role in the A.M.A., just as he did in scores of other societies. He was the prime mover behind establishment of an alumni association at Jefferson and served as its first president—exactly 100 years ago. His professional stature was

apparent from his election as president of the World Medical Congress, which convened in Philadelphia in 1876 as part of the centennial of American independence. He had been invited to address the International Medical Society, which met in London several months after his death in 1884.

In death, Gross left enduring marks on his alma mater. Not the least of these is the Alumni Association, which is the most active and generous medical group in the nation. His name is perpetuated through the Samuel D. Gross professorship of surgery, which was the first endowed chair at Jefferson. J. Chalmers Da Costa, the first Gross professor, hailed his surgical predecessor as "the author, the operator, the scholar, the teacher, the organizer, the scientist who came to the foremost position ever occupied by a surgeon in this country."

■ Other men have had such honors, have worked diligently and have written prolifically. Yet few are remembered as Gross is. One of the major reasons, perhaps, is the famous Eakins painting of *The Gross Clinic*. The professor was a perfect subject for such a painting. He was "a strong personality, a stalwart figure with a beautiful benignant countenance," according to Garrison. Eakins, master of realism, captured Gross' personality in oil and created an immortal work. The artist had a personal stake in the painting, for he had studied anatomy under Gross as a special student at Jefferson. It has been described by some art publications as possibly "the most important painting by an American." When unveiled, however, the realism of the operating room scene horrified contemporary audiences and the work was rejected for showing in an art exhibition. Now the gigantic canvas hangs (when not on loan to museums for exhibit) in a place of honor outside McClennan Hall, dominating the entrance to the College Building. Reproductions of the painting hang in thousands of Jefferson graduates' offices across the land. Each year, returning alumni can be counted on to repeat a poignant scene. Stopping under the priceless canvas with wife and children in tow, they look up reverently and recite the legend of Samuel D. Gross.

Can there be any doubt why the lustre of that legend refuses to fade?



**H**

e transformed the traditional role of the American physician abroad from that of humble student to that of honored teacher

J. Marion Sims, M.D.

Class of 1835



It is popular to credit chance—or what Sir Walter Scott described as “the happy combination of fortuitous ‘circumstances’”—for significant discoveries in medicine, as well as other fields. Thus, many writers have been overimpressed by the elements of fortune underlying the contributions of J. (for James) Marion Sims to medicine and particularly to gynecology. The barest research reveals, however, that years of hard work and frustration underlay Sims’ initial—and probably his most important—contribution in this field, the first successful surgical procedure for repair of a vesicovaginal fistula. The importance of his discovery is uncontested. Prior to Sims’ operation, women with this condition were classified as incurable and became outcasts, forsaken by the families as well as society. Many of them wished for death; some died by their own hand. For two centuries before Sims, leading surgeons of Europe had been unsuccessful in devising a successful operation for the condition.

That there was some element of

chance in Sims’ achievement is undeniable, especially in view of the fact that in the early days of his practice he referred all patients with “female problems” to doctors specializing in this field—known derisively at the time among physicians as “male midwifery.” In 1845 Sims had been practicing 10 years but had not seen a single case of vesicovaginal fistula. Then in three months while practicing at Montgomery, Ala., he saw three female slaves with the condition and was forced to report to their masters that their plight was not correctable and they would never return to the fields.

The proximity of the three cases was the first element of chance; the second was the accidental discovery of the lateral knee-chest position for good visualization of the pelvic organs. Sims had been called to see a woman who had fallen from a horse and was complaining of back pain and pressure on her bladder and rectum. He decided after physical examination that the woman’s uterus had been displaced by the fall and should be returned to

its normal position. But he had no idea how to go about the procedure. He tried to recall a medical school lecture 11 years before and, accordingly, placed the woman on her knees and elbows and began to probe her pelvis with two fingers. Suddenly, she was relieved—and no one was more surprised than Sims.

Maintaining his air of professional omniscience, he calmly removed his hand and said, “You may lie down now.” As she did there was an embarrassing rush of air. Sims realized quickly it was merely expulsion of air he had introduced during the procedure and he concluded it was atmospheric pressure that had restored the uterus to its proper place. He immediately saw clinical application of this phenomenon. It could be used to make the walls of the vaginal cavity visible. His thoughts turned to the young slave girl waiting at his home for a train back to her plantation. She was the third patient with the dreaded fistula whom he had seen in three months. He enthusiastically began to



plan an operation to cure the girl—and the others he had seen. He never considered the possibility of failure. His career, to this point—except for an early setback when he attempted to establish a medical practice in his native Lancaster, S.C. — had been marked by repeated success.

He gained confidence after moving to Alabama and had begun to tackle some very complicated cases. His first contribution to the literature was a description of the surgical repair of a cleft lip and the cleft palate in an adult woman. Others included a revolutionary procedure for removing osteosarcoma of the jaw that did not require disfiguring incision of the face. Clearly, when Sims began to plan his vaginal operation he was riding the crest of a successful medical practice, based mostly on his achievements in surgery for which he was gaining reknown throughout the South.

■ His first requirement was the design of the necessary instruments. On his way home to reexamine the slave girl he stopped to purchase a pewter spoon, which he was able to bend into varying configurations. His improvised instrument became the basis of the famous duck-billed (Sims) speculum. It brought the fistulous tract clearly into view and confirmed Sims' decision to operate. He faced four years of frustration, doubt, loss of confidence by his colleagues and financial sacrifice before he would see success. He operated on one of the slave girls 30 times—leading to charges by his critics in Montgomery that he was conducting human experimentation. However, despite the fact that anesthesia had not been adopted generally in surgery in the 1840's, Sims' patients never complained. This was due in part, no doubt, to the docility bred by years of slavery, but was in no small measure due to their confidence in Sims, plus the knowledge his operation was their only hope of being restored to a normal life.

Sims became obsessed with the operation. He built an addition to the small hospital behind his home and assumed the obligation of feeding and clothing his patients while he worked to perfect his procedure. It was not until 1849—five years after his first unsuccessful attempt—that he effected a cure. The ingredients of success were five: the Sims position and Sims

speculum, of course, a catheter to keep the bladder empty while the fistula healed, silver wire sutures and a new method for drawing them together. The last two were the most important, for without them success eluded the surgeon for years; with them he succeeded in his first attempt.

■ After this, Sims turned much of his attention to the field he originally disdained—diseases of women. He was described even in his day as the "father of gynecology," though he continued to be a gifted general surgeon. Sims began to build a national and later a worldwide reputation after he moved from the South to New York, where he was able to find relief from chronic debilitating diarrhea. He left Alabama in 1853 and two years later was the primary force behind establishment of the Woman's Hospital of the State of New York. Here he collaborated with Thomas Addis Emmet, also a Jefferson graduate, and other gynecological pioneers. With the approach of the Civil War, Sims' expression of Southern sympathies made New York increasingly inhospitable. So he went to Europe, where he was called on to demonstrate his operation before leading surgeons.

He remained abroad longer than he had anticipated and engaged in private practice in both France and England. A biographer notes that his acceptance by European aristocracy allowed him to transform "the traditional role of the American physician abroad from that of humble student to that of honored teacher." His reputation assured him an extensive practice in whatever country he chose to visit. While he commanded large fees from those who could afford them, Sims always had an active charity practice. Biographers agree he practiced medicine for the sheer satisfaction of it—not financial reward.

While in England in 1866 he published a textbook, *Clinical Notes of Uterine Surgery*, which stirred up a great deal of controversy because of its frank consideration of what were considered indelicate topics at that time. His discussion of the treatment of sterility aroused the most criticism, especially his advocacy of postcoital microscopic examination of sperm. His proposal that artificial insemination could be an answer to sterility brought

this retort from the *Medical Times and Gazette* of London: "Better let ancient families become extinct than keep up the succession by such means."

Soon, however, many of Sims' innovations began to be widely accepted and on his return to New York in 1868 he was acknowledged as the world's foremost gynecologist. He returned to Woman's Hospital as senior consulting surgeon and accepted a position on the board of governors. Six years later, however, when his worldwide reputation was at its peak, he became embroiled in a dispute with the supervisors of the hospital and resigned. So, as 1875 dawned, the foremost American gynecologist was barred from the institution he was responsible for founding and forced to practice in a small office in his home. As always, he continued to see charity patients, even on Sundays. His prestige outside of New York did not suffer, and the year he left the Woman's Hospital he was elected president of the American Medical Association. A year later he was a charter member of the American Gynecological Society, which elected him president in 1880 (the year Woman's Hospital reinstated him as consulting surgeon).

■ The final task to which Sims turned his attention was an autobiography, *Story of My Life*, which he never completed. It was published in unrefined form after his death in 1883 and has provided much of the source material for subsequent biographers. Seale Harris' version, *Woman's Surgeon*, published 1950, includes this assessment of the man:

Marion Sims was one of a few outstanding 19th century pioneers who added more to the basic knowledge of medicine and surgery in three or four decades than had been accumulated in all the thousands of years preceding. Chiefly, however, he was the physician who brought new hope and new life to women.

Today at Jefferson, where he received his medical degree in 1835, a society bearing his name and founded in his honor, serves as the nidus for young men who hope to practice the specialty he developed. They, as he, may be aided by good fortune. But they will have to supplement it with keen minds and hard work.





**T**he lives and suffering saved by this brilliant and humane U.S. Army medical man can never be measured

Jonathan Letterman, M.D.

Class of 1849

The nation was at war. It was barely two months after Pearl Harbor. Wives and sweethearts feared for their loved ones. No one knew but everyone feared what lay ahead . . . death . . . destruction . . . pain and—most of all—horrible maiming injuries. During these dark days, *Time*, the weekly news magazine, reassured its readers that American soldiers would go into battle with the benefit of an elaborate medical evacuation system to remove the wounded from the battlefield and provide necessary care immediately. The magazine chose to illustrate the article with an idealized drawing of Maj. Jonathan Letterman riding in a Civil War ambulance. It was the major—a career medical officer—who masterminded an effective evacuation system during the Civil War.

In modified form, the system remains in effect even today, and is still saving lives in Vietnam. Maj. Gen. Paul R. Hawley, Gen. Eisenhower's chief surgeon for the European Theater, has said: "There was not a day during World War II that I did not thank God for Jonathan Letterman." *Time* reassured its anxious readers in February 1942: "The lives and suffering saved by this brilliant and humane

U.S. Army medical man can never be measured." Yet, despite the importance of his contribution, few GIs ever heard of Letterman. Those who did probably were treated at the Army's Letterman General Hospital in San Francisco.

Modern medical officers have come to expect—and take for granted—prompt, efficient evacuation of casualties. It's almost unthinkable that wars were not always fought in this manner. But barely 100 years ago, wounded lay on the battlefield for a week or more. This was the situation during the Crimean War in Europe, which preceded the American Civil War by a few years. Early Civil War battles followed the same script. Letterman saw the problem and submitted a plan for an ambulance corps to the War Department; it was rejected. Letterman then submitted the plan to Gen. George B. McClellan—whose father founded Jefferson—and it was approved.

This was only the beginning, however, Letterman got his ambulances, but line officers often preempted them for other uses. He had to fight military politics continually to recruit and train litter bearers and ambulance attendants—the forerunners of the modern

"medic." The ambulance corps was bloodied at Antietam in September of 1862, and acquitted itself superbly. Antietam ranks among the bloodiest battles of our history, but the field was cleared of casualties within 24 hours. The famous photo by Matthew Brady of Lincoln at McClellan's headquarters after the battle shows the President with a smile. Since Dr. Letterman is in the group, it may be assumed that the humane President was doubly pleased with his military victory and medical triumph.

Letterman kept improving his system throughout the war and set up a network of hospitals where wounded taken from the battlefield by ambulance could get treatment. According to Gen. Hawley, "it is the same system as is in use today, with some slight modifications, perhaps, to adjust to the airplane and to take advantage of the great advances in surgery since the Civil War."

The brilliant success of Letterman's system sparked the interest of the many European military observers sent to evaluate new tactics developed during the Civil War. Military men eventually saw the value of salvaging wounded men—many of whom would return to fight another day. Letterman's principles were applied in the development of similar services for the world's armies. J. Marion Sims, another Jefferson immortal, used the system in directing an ambulance corps for France in the War of 1870. It was probably the first use of the Letterman system by a foreign army.

The system reached far beyond the battlefield. It was the inspiration for what is claimed to be the nation's first city ambulance service—that of Bellevue Hospital in New York. Dr. Edward B. Dalton, who developed the service, served in the Army of the Potomac under Letterman.

The Army's first permanent general hospital was erected in San Francisco in 1911. Fittingly, it was named for Letterman, who had died in that city in 1872—a mere 10 years after his plan was tested in battle. A new complex was dedicated last year. The plaque contains this observation:

"Maj. Letterman's principles of organization stand today, influencing the medical evacuation service of every modern army."





Always eager to seek out a new truth or accept a new challenge

S. Weir Mitchell, M.D.

Class of 1850

If any of the accomplishments of S. Weir Mitchell can be considered paramount, it is that he understood—and successfully treated—neurotic women in an age contemptuous of their complaints. He did so by the sheer force of his personality and will, which were more than equal to the task. At the heart of his method was the conviction that the best way to heal the mind was to provide it a healthy body. Mitchell's work in this field—only one aspect of his multifaceted career—qualifies him as one of the early American psychiatrists, though he considered himself a neurologist and physiologist. Ernest Earnest, a critical biographer, classifies Mitchell as “probably the leading psychiatrist in America” for one or two decades. While his success in psychiatry earned him adulation from his patients and a great deal of money, his contributions in other fields earned him consideration during his lifetime as “the most versatile American since Franklin.”

“Silas Weir Mitchell was almost a genius,” Earnest wrote in 1950. “His contemporaries believed that he was

one, an opinion Mitchell came to share. The reasons for this belief were impressive.” Mitchell contributed classic works in the field of neurology, conducted research on brain function and snake venom, wrote novels that won critical acclaim, numbered many of the luminaries of his age among his friends and served in a host of civic, institutional and charitable positions—all in addition to his large medical practice.

Earnest notes that others made more important contributions to psychiatry but are less well remembered than Mitchell. The reason:

If he did nothing else he took psychiatry out of the madhouse and brought it into everyday life. It became respectable to be treated for mental illness.

He might have added that not only is it respectable but in 20th century America it is considered fashionable in many circles. One of the ways Mitchell helped in this regard was in using his influence to overcome opposition to Charles K. Mills when he attempted to start a department for nervous dis-

orders at Blockley—predecessor of Philadelphia General Hospital. Mitchell hoped proper administration of the department would allow Philadelphia to become the American center for neurology and psychiatry, but political opposition eventually thwarted the effort.

Mitchell's psychiatric methods are now outdated, but shortly after his “rest cure” for nervous disorders was introduced it was adopted in clinics throughout America and Europe. *Fat and Blood*, his famous little book outlining the new method went through eight editions in America and was translated into French, German, Spanish, Italian and Russian. Though it was written for doctors, its style was so straightforward it was easily understood by laymen. Unencumbered writing was a Mitchell hallmark. He avoided jargon and frowned on its use by others. (Once after receiving a lengthy, complicated report from an ophthalmologist, he replied, “Thanks, but what I really wanted to know was if this patient needs glasses.”) Consequently, *Fat and Blood* has none of the elaborate terminology used by Freud, but is noteworthy for its pragmatism and realism. Mitchell's description of a Victorian-era neurotic is classic:

Everything wearies her—to sew, to write, to read, to walk—and by and by the sofa or the bed is her only comfort. Every effort is paid for dearly, and she describes herself as aching and sore, as sleeping ill, as needing constant stimulus and endless tonics.

Mitchell ordered such women to bed for a month or six weeks and then began their rehabilitation. His success was no doubt due to his ability to get his patients to follow his instructions. Sometimes, however, he had to resort to extreme measures. The most famous anecdote concerning his handling of patients involved a woman who refused to get out of bed following her month of rest. When he found the usual methods of persuasion were not working, Mitchell said, “If you are not out of bed in five minutes I'll get into it with you.” The patient was unmoved as he began removing his clothing but when his pants started to drop she bolted to her feet. It was this force of



personality, according to Earnest, that "filled neurotic patients with hope and confidence." It also brought him "wealth, conceit and absurd adulation," the biographer reports, but despite it all "he never became a stuffed shirt."

■ Probably this was so because his mind was too active to be cast in a mold of smugness. He was always eager to seek out a new truth or accept a new challenge. A decade before he evolved his "rest cure" he contributed major neurological works stemming from his observations during the Civil War. Publication of *Gunshot Wounds and Other Injuries of Nerves* in 1864 assured him a place in medical history. While that work was produced in collaboration with William Williams Keen—who was to become a lifelong friend—and George R. Morehouse, biographers agree that Mitchell was the prime contributor. Keen at the time was a young physician, newly graduated from Jefferson and years away from his world-renowned achievements in brain surgery, and Morehouse never attained the stature of his two fellow researchers. *Gunshot Wounds* was such a valuable work that an expanded version—written by Mitchell alone—was still in use by the French Army during World War I. That it is a neurological masterpiece is certain. The presence of motor centers in the forebrain controlling muscles on the opposite side of the body was postulated for the first time. This was the basis for Mitchell's later work delineating the functions of the cerebellum. This work, along with his research on snake venom—which led to later discoveries in toxicology and immunology—is the basis for his reputation as a scientific researcher. During his work on the cerebellum, he experimented on pigeons, rabbits and guinea pigs, relying mainly on three methods—ablation, freezing and irritation. He correctly determined that the cerebellum plays a role in influencing the main motor tracts from the brain. His other contributions to neurology were his descriptions of clinical entities he had observed, including postparalytic chorea, disorders of the sensorium and the relationship of seasons to depressive states.

■ As Mitchell grew older and more successful, his mind turned to other pursuits; he entered the world of let-

ters. "As poet and novelist," according to Fielding Garrison, "Mitchell has a place near Goldsmith and Holmes." In literature as in medicine he followed in the footsteps of his father, John Kearsley Mitchell, sometime poet and professor of medicine at Jefferson. Earnest rates Mitchell as a first-rate writer, but contends that in literature he "is less secure in his reputation than as a physician." However, he notes, "In a period when American novels were chiefly designed for hammock reading, Mitchell's have an intellectual quality which is rare among his contemporary writers." The biographer also compares Mitchell to Holmes (another physician-author), as well as Henry James. "James is of course the greatest," Earnest says, "but Mitchell, using a similar social milieu, has a health which James lacks." Mitchell relied for much of his inspiration on his Civil War experience and his knowledge of abnormal psychology. His literary career began in earnest after he passed the age of 50, but thereafter he was prolific. Several explanations can be found for his late start. According to one story Mitchell submitted a volume of poems to a Boston publisher when he was only 20. Supposedly, Holmes saw the manuscript and advised the young man to secure his medical practice before attempting to dabble in literature. According to another version, Mitchell feared that his patients would have little confidence in a physician interested in writing poetry. Nevertheless, he published several works anonymously before tackling serious writing in middle age.

■ While Mitchell was basically an academic luminary, he never held any academic position of note. Perhaps this was because he was rebuffed early in his career when he applied for chairs in physiology at Jefferson and later at the University of Pennsylvania. When offered a professorship in medicine at Penn years afterward he turned it down, but apparently not out of enmity, for he served that institution for 35 years as a trustee and was instrumental in establishing its school of biology. Perhaps he aided this endeavor because he was always on the alert for promising young men, hoping to point them on the way to success. In doing so, according to Earnest, "he left his mark on three generations of physicians and scientists."



**"I**n the medical profession, usefulness is the measure of greatness."

So wrote Dr. J. C. Wilson in his *Memoir of J. M. Da Costa*. If that be the yardstick, Jacob Mendez Da Costa certainly merits the mantle of greatness. His usefulness—as with so many other prominent men in Jefferson's past—was both as a clinician and a teacher. His clinical skills were applauded by his colleagues and he was considered a "doctor's doctor." His teaching skills were equally fine. According to Fielding Garrison, the medical historian, Da Costa "was perhaps the ablest clinical teacher of his time in the Eastern States."

■ Da Costa didn't attain this eminence casually; he was well prepared and he worked hard to perfect his skills. He gained a continental education in the classics as a youth and was stimulated by language and literature throughout his life. His primary medical education came at Jefferson, where he was graduated at the age of 20 in 1852 after three years of study. His talents were recognized early, for he was singled out even then to demonstrate pathological anatomy to his fellow students. His appetite for medical knowledge whet by his Jefferson experience, Da Costa traveled to Europe to study in the leading medical centers of the world at that time—Paris and Vienna. His fluency in French and German allowed him to make better use of his opportunities than other American students. It also allowed him to enjoy the cultural attractions, and he even took the time for lessons in water-color painting. This later proved of great use to him in the preparation of sketches and diagrams for his teaching. His acceptance by French physicians made it possible for him to attend meetings of the *Académie du Médecine*, which were open to few American visitors.

After studying under the leading physicians and pathologists of Europe, he returned to Philadelphia and began a career that was to stretch nearly 50 years. His initial successes were as a teacher, for he had to prove himself over several lean years before his practice grew. His classes in physical diagnosis were particularly popular and even drew graduate physicians. These classes were conducted in his office and added to his growing reputation.

He continued to conduct private classes until he began lecturing at Jefferson in 1858—a mere six years after his graduation. He remained closely tied to Jefferson for the ensuing decade and in 1872 when only 39 years old he was appointed to the Chair of the Theory and Practice of Medicine.

Da Costa's greatest contribution came eight years before this, when the first edition of his *Medical Diagnosis* was published. This volume, revised nine times by Da Costa to stay abreast of new medical discoveries, was the preeminent work in its field for four decades. It was translated into every European language and was found on nearly every physician's bookshelf. According to an early Da Costa biographer:

It claimed the admiration of the medical world. It was the forerunner of other works of its kind but has held its place during 38 years. New works have appeared, some modelled on its lines, but none has rivalled it in scope, in teaching power or in its matchless grace of composition. Competent critics have pronounced it to be the most elaborate work on diagnosis in the English language. Even in the library of the irregular practitioner it has an exalted place.

■ In his book, as in his lectures, Da Costa taught the method of diagnosis by exclusion, which has carried over to the present. His style of writing and speaking were described as "simple, natural, lucid, emphatic." This was his strength. He was able to convey concepts "in a nutshell" to grateful students. Another great contribution was his emphasis on clinical teaching, which was revolutionary for the time. Most medical teaching at that time, according to Garrison, "was a mere pedagogic rubbing in of what had already been heard in routine lectures with hardly any practical clinical experiences whatever." W. W. Keen paid tribute to Da Costa's contribution, pointing out that the Philadelphia clinics "until Da Costa in the session of 1866-67 took hold of them were about as inane and useless as one could imagine." Da Costa's style alone was enough to attract students and fire their imaginations. Some feeling for his presentation can be gained from this description in an obituary in

**H**arvard voiced the universal sentiment of the physicians of America that this is the man whom we delight to honor

Jacob Mendez De Costa, M.D.

Class of 1852



*Medical News* shortly after his death in 1900:

His language was always well chosen and he never hesitated for the correct word. He was a student of correct diction, and both in his lectures and in his writings showed his familiarity with the English classics. He also showed his wide extent of medical readings by references to French and German authorities.



■ His lectures, therefore, were not only informative, but were enjoyable, challenging experiences. There is evidence that they attracted, besides physicians and medical students, members of other professions. Da Costa's longtime secretary, Mary A. Clarke, relates that "a lawyer from a distant city admitted that it had been his habit for years to spend three days of every winter in Philadelphia to hear Dr. Da Costa lecture."

As a clinician, Da Costa contributed both new knowledge to advance his profession and sound therapy to those patients referred to him. His reputation in cardiology followed publication of a classic paper, *On Irritable Heart*, which resulted from studies on soldiers during the Civil War. His writings were significant but he was not prolific. "Viewed in the light of his remarkable influence on the profession," Wilson points out, "the list of titles of his papers appears singularly brief." Yet, as Wilson adds, "he wrote when he had something to say, and he always said it well." His small bibliography notwithstanding, he was recognized everywhere for his professional and intellectual attainments. Evidence for this is the honorary degrees conferred on him by Harvard, the University of Pennsylvania and Jefferson. He accepted each of these honors with a brief oration in faultless Latin—a legacy of his classical education. Commenting on the Harvard honor, a medical journal of the day said:

Harvard voiced the universal sentiment of the physicians of America that this is the man whom we delight to honor. His work, teaching, example and advice have done so much to advance the art and science of medical practice that no honor could be too great an acknowledgement.

■ Da Costa held membership in many professional and scientific organizations, but none was closer to his heart than the Philadelphia College of Physicians, which he served twice as president. He battled for years to get members of the College to speak out publicly on medical questions of the day. He set the example by campaigning for the city to change the source of its water supply from the Schuylkill, which was polluted even then, to the Delaware, which was clear. The College of Physicians backed Da Costa,

but the politicians were unmoved. Nevertheless, many members of the community benefited because they were alerted to the danger. A great number of them boiled their water before drinking it, and many infections were undoubtedly prevented.

Leisure time is cherished by every physician, and Da Costa was no different. He loved books, and spent many hours reading outside of his profession. According to his secretary, his one idiosyncrasy in this regard was his inability to truly enjoy a book unless he owned it. Thus, his library was one of the largest private collections in Philadelphia. His interest in literature led him to membership in Shakespeare Club of Philadelphia. Other English authors he admired were Thackeray and Sir Arthur Helps.

■ As with so many other successful men—before and since—Da Costa was extremely efficient in the use of his time. He was an early riser and accomplished much of his reading before the work day began. He seized on brief moments in the day to dictate letters or accomplish other necessary tasks, wasting little of his precious time. Yet he was always gracious and never seemed hurried as he made his rounds or saw patients in his office. He gave all patients the impression that their illness completely absorbed him, and he never left the bedside without directing a last, comforting remark directly to the patient.

Jacob Mendez Da Costa was the first of two brilliant clinicians of that surname to be associated with Jefferson. J. Chalmers Da Costa would dominate the institution years after him. The two men were unrelated, just as they were unlike. Jacob was a truly outstanding clinician, but when he began his career at Jefferson he had to share honors with the Samuel D. Gross and Joseph Pancoast, giants of medicine at that time. It is a measure of the man that he was included in what the medical world began referring to as Jefferson's "great trio." It is further to his credit that he continued to contribute to his profession for nearly a half-century—until the day of his death in 1900 of a heart attack. If, as Wilson suggests, "usefulness is the measure of greatness" in medicine, Jacob Mendez Da Costa surely ranks among the great clinicians of the last century.



The Panama Canal is not an obvious memorial to a medical man. It seems more appropriate for an engineer. But it was medical science and not engineering skill that made the canal possible. Yellow fever had decimated the work crews and forced the French to abandon efforts to build such a canal. But Americans succeeded because a little-known Cuban physician—an 1855 graduate of Jefferson—discovered the vector of yellow fever and opened the door to control of the pestilence. Carlos Finlay won few honors during his lifetime, despite the significance of his work which Gen. Leonard Wood, a famed military physician, characterized as “the greatest step forward made by the medical sciences since Jenner’s discovery of vaccine.”

Jefferson was only 29 years old when Finlay matriculated in 1853, but it already had the professors to inspire the student’s subsequent work. Franklin Bache, Finlay’s professor of chemistry, lost his father to yellow fever in the Philadelphia epidemic of 1798, which claimed nearly 4,000 lives. Another physician interested in yellow fever was John Kearsley Mitchell, professor of medicine, who published a historic monograph, *On the Cryptogamous Origin of Malarious and Epidemic Fevers*, four years before Finlay’s arrival at Jefferson. While Mitchell’s thoughts on the etiology of the disease were incorrect, he made the astute observation: “We must, for the present, suppose that yellow fever is portable yet it is not contagious.” This all but suggested a vector.

Mitchell’s influence on Finlay apparently was great, because the Cuban student chose the professor’s brilliant son, S. Weir Mitchell, as a preceptor. The son later would outshine the father in his contributions to medical science, but this was early in his career and he spent many hours in his father’s laboratory with Finlay. He taught the Cuban the use of the microscope—a relatively new tool in clinical medicine at the time—and the latest research techniques. They remained friends and though Mitchell became a world figure he retained his faith in Finlay when his hypothesis on yellow fever was universally scoffed at.

After his training at Jefferson, Finlay returned to his native Cuba and enjoyed an active practice. He soon was devoting much of his spare

time to yellow fever research. But research without inspiration often is fruitless and Finlay was rewarded with inspiration. One night while meditating, Finlay was distracted by a mosquito. As usual, yellow fever was in his thoughts. Suddenly it was clear: the mosquito could be the vector of death. Critics have claimed that serendipity guided Finlay, but this doesn’t nullify the hours of painstaking work in cooperation with a naturalist that allowed the physician to identify the offender specifically as *Aedes aegypti*.

Though he was sure of his findings, Finlay needed proof that would stand up to the most thorough scrutiny. Human experimentation was needed, but Finlay shrank from the possible loss of life. Finally he proceeded, conducting experiments on 102 volunteers, including 20 Spanish soldiers and a Jesuit priest who later became a noted tropical meteorologist. Considering his limited research facilities and the necessity of financing the work himself, Finlay’s results were impressive. He addressed three international congresses, wrote 45 papers (in Spanish, English, French and German) and spent countless hours explaining his theory in what must have seemed a fruitless crusade at times.

Finlay continued his work through the Spanish-American War and afterward when the Americans took over his native land. Among the organizations established in Cuba was the American Yellow Fever Commission

headed by Maj. Walter Reed. Finlay had been proposing his theory for years, but Reed had not encountered it. He was impressed and ordered a definitive test in 1901. Finlay gladly cooperated, turning over his data and his mosquito eggs. The death of a commission member, Dr. Jesse Lezear, and others proved the hypothesis and prompted Reed to order eradication of mosquitos in Havana. Yellow Fever disappeared with the mosquitos, and the Americans were armed with the weapon they needed to drive a canal across Panama.

In 1902, in the glow of Finlay’s success came two prized honors: he became Cuba’s first sanitary director and received an honorary degree from Jefferson.

He died in 1915, still relatively unheralded, but belated honors kept his memory green. In 1933, the centenary of his birth, the Pan American Medical Association proclaimed a Finlay Day. In 1935, the International Congress of the History of Medicine ratified his right to be called the discoverer of the vector of yellow fever. In 1955, Pennsylvania marked the centenary of his graduation from Jefferson with a Finlay Day. Jefferson arranged a two-day international symposium on yellow fever. Cuba erected a bust of Finlay in the great hall of its Academy of Medical, Physical and Natural Sciences in Havana. A replica—a gift of the Cuban people—is in the Scott Memorial Library at Jefferson.

The greatest step forward made by the medical sciences since Jenner’s discovery of vaccine

Carlos Finlay, M.D.

Class of 1855







An ardent supporter of every moral, scientific and progressive advance in civic, state and national affairs

William Williams Keen, M.D.

Class of 1862



William Williams Keen witnessed nearly a century of medical progress—and contributed significantly to the advance. When he died in 1932 at the age of 95, antibiotics had yet to revolutionize the treatment of infectious disease but medical practice had advanced more in his lifetime, perhaps, than in all of history. “Imagine if you can,” Keen observed in 1922, “the forlorn condition of the doctor 60 years ago—without everything except his eyes, his ears and his fingers; then you can appreciate the triumphal march of medicine during a single lifetime.”

Keen's lifetime in medicine lasted 70 years—beginning with his graduation from Jefferson in 1862, when he “assumed the role of a ‘herald of the dawn’,” according to Franklin H. Martin, Chicago surgeon. “The death of this eminent surgeon,” Martin commented in *Surgery, Gynecology and Obstetrics*, “has brought the whole thinking world to attention in admiration of a fine and useful life.” Keen eschewed championship of the past,

and was “an ardent supporter of every moral, scientific and progressive advance in civic, state and national affairs,” as well as his primary concern, scientific medicine.

Keen is probably best known as the first American neurosurgeon. He was the first surgeon to tap the ventricles of the brain and one of the first to remove a brain tumor successfully. He gained fame when a patient survived more than 30 years after removal of a meningioma. He also participated in the celebrated “secret operation” to remove a cancerous growth from the mouth of President Grover Cleveland in 1893. The diagnosis was established by examination of a tissue specimen and immediate surgery was recommended. The President agreed but insisted on absolute secrecy because the nation was in a financial crisis at the time and Cleveland feared that news of his illness would prove disastrous for the stock market. To insure secrecy, the President, Keen and a host of other doctors boarded a yacht and the operation was performed while it was



extreme care he took in preparing his lectures—and his students profited from it. He preceded his lectures with synopses so that students' notes were invariably well organized and complete. He viewed his relationship with his students as mutually beneficial, commenting once: "I always feel at the Jefferson Hospital as if I were on the run with a pack of lively dogs at my heels. Students are the best whip and spur I know."

■ Students weren't the only major beneficiaries of his knowledge, for he shared his discoveries and observations with his colleagues through prolific contributions to the medical literature of his time. He published nearly 200 professional papers (long before the modern "publish or perish" mentality forced vast expansion of the medical publishing industry). His textbooks were described by Fielding Garrison, medical historian, as "probably the best American Works of their kind."

He gained early recognition for a surgical work that laid the groundwork for his later achievements in neurosurgery. Entitled *Gunshot Wounds and Other Injuries of Nerves*, it was produced in collaboration with S. Weir Mitchell, another great name in Jefferson's history, and George R. Morehouse, also a "Jeff" man.

While most of Keen's writings concerned medical topics he did not limit himself to that field. One subject that captured his interest was the debate over Darwin's theory of evolution, which was a controversial topic of the 1920's. Keen was a deeply religious man but he failed to see any conflict between religion and science. He wrote two books on the subject, *I Believe in God and Evolution* and *Everlasting Life*. His philosophy on the issue can be summed up succinctly in this passage from the former publication:

God deliberately made man out of the *same stuff* as the animals and . . . on the *same plan* as animals. Body-wise, man is an animal, but, thanks be to God, his *destiny* is *not* the same as that of the beasts that perish. To develop great men, such as Aristotle, Plato, Shakespeare, Milton, Washington, Lincoln and then by death to quench them in utter oblivion, would be unworthy of Omnipotence. To my mind it is simply an impos-

sible conclusion. Man's soul *must* be immortal.

Keen combined his deep religious faith with an intense patriotism. It prompted him to don his country's uniform in two wars and to volunteer for action in a third. His first military service came during the Civil War. He entered combat at Bull Run and served for the duration, being mustered out as a major. A half-century later he felt the need to serve again when the United States entered World War I. At the age of 80, he was the oldest member of the Medical Reserve Corps. Even at that advanced age his contribution to the health of the troops was immeasurable, since he successfully repulsed the efforts of antivivisectionists, who attempted to prevent immunization of soldiers against typhoid fever. He volunteered for Spanish-American War service, but hostilities concluded before he reported for duty.

■ "There have been few American Surgeons so universally respected and honored," a colleague observed following Keen's death. One outstanding physician who was most vocal in his acclamation of Keen was J. Chalmers Da Costa, the first Gross professor of surgery at Jefferson, who remained ever grateful for his early surgical training under Keen. John H. Gibbon, Sr., who worked intimately with Keen for nearly 40 years mentioned some of the surgeon's more notable honors, including the presidencies of the College of Physicians of Philadelphia, American Society of Surgery and American Philosophical Society. His honorary degrees were many and his invitations to lecture were legion. It all seemed, in effect, a proof of the simple philosophy he once espoused to a group of new Jefferson graduates:

If in your own life you realize the characteristics of the ideal physician . . . if you attain to old age, when the hairs whiten and the crow's feet begin to show, when your natural forces are abated, you will then not be alone in the world but will have honor, love, obedience, troops of friends. . . .

"We know this was and is his reward," Martin commented. "His monument is built in the hearts of his thousands of friends, and his memory will live on through the ages."

anchored offshore on Long Island Sound. Keen employed a procedure he had devised using a new retractor that made it unnecessary to cut the President's cheek open to remove the tumor. The result was so successful that the operation might have remained a secret for many years if the dentist who made the plate to replace the excised tissue were not forced to explain a canceled appointment.

■ Keen was not only an outstanding surgeon but an excellent teacher. He began teaching at Jefferson in 1868, barely six years after his graduation, and served in many capacities until 1907, when he became emeritus professor of surgery. His appointment to the top surgical chair came in 1889 and he remained professor of surgery and clinical surgery until his retirement. He also offered his talents to other institutions, serving as professor of anatomy at both the Women's Medical College of Pennsylvania and the Academy of Fine Arts at various times. Meticulous in his private and professional habits, he was known for the





he various classes which he taught at Jefferson, next to his immediate family, were closest to his great heart

J. Chalmers Da Costa, M.D.

Class of 1885

Few would dispute that J. Chalmers Da Costa was the last Renaissance man to dominate Jefferson. A brilliant surgeon and medical educator, he was a man of letters and a powerful orator. He was also a student of history and a true individualist—described by many of his colleagues at the time as “unconventional.” Da Costa was the first Gross professor of surgery at Jefferson, appointed in 1910 when that chair was endowed by Maria Gross Horowitz, daughter of Samuel D. Gross. According to observers at the time, Da Costa was such an outstanding candidate, no one else was considered for the chair.

Those who remember him, say Da Costa was the greatest surgical clinician of his time. His memory is recalled fondly by some of the senior physicians still practicing at Jefferson and his dictums are still used to coun-

sel aspiring young doctors.

After Da Costa’s death in 1933, Thomas A. Shallow—who ultimately was appointed his successor in the Gross chair—wrote in *The Clinic*:

In the ordinary sense of the word, he had no children, but looking at it from another angle he had many sons, as the various classes which he taught at Jefferson, next to his immediate family, were closest to his great heart.

■ If Da Costa’s labors were any indication, that statement was certainly true. He prepared thoroughly for his didactic lectures and surgical clinics, which were described as “models of preparation, clearness and emphasis in statement.” He drew liberally on his literary and historical knowledge to make his lectures interesting and chal-

lenging to students. While the worldwide fame he gained and the adulation of his students could easily have turned his head, Da Costa maintained a characteristic—if submerged—humility. “I can’t see how a medical man can be vain,” he once told his colleagues of the Philadelphia County Medical Society. “How can they be vain when they see beauty and anguish walk hand-in-hand and they are forced to stand aside, impotent and useless.” Da Costa remained forever grateful for the surgical training he received from the great W. W. Keen, commenting in later years: “Everything that, since that time, I may have gained in professional life, I owe entirely to his early aid at a critical period, to his enduring friendship and to his constant support.” Da Costa felt strongly that all surgeons should continue the tradition and once charged:



"A surgeon who deliberately fails to train young men is guilty of a crime against humanity."

Da Costa's reputation as a medical author rests primarily on his textbook, *A Manual of Operative Surgery*, which went through 10 editions. He also served as editor of the 1905 American edition of *Gray's Anatomy* and edited the English edition of *Zuckerman's Operative Surgery*. His preeminence in the medical community of his time is indicated by his selection to attend President Wilson at the Paris Peace Conference in 1919.

■ The master surgeon was also widely known for his writing and speeches. He was always in great demand as a speaker, for his oratory was powerful and stimulating. Much of his writings are contained in *The Papers and Speeches of John Chalmers Da Costa*, published in 1931 when Da Costa was confined to a wheelchair by crippling arthritis. His prose is labored and overdone by today's standards but certainly was in style at that time. His writings reveal him as an intensely passionate man, an iconoclast, ever ready to lash out at what he felt were injustices. He also had little tolerance for incompetence and never hesitated to battle for reforms—especially unpopular ones. His convictions on many issues—including medical education—would be considered "enlightened" even today. For example, there is his discussion of examinations:

The world has a mania for examination tests. In Philadelphia the city subjects even the scrub women to examinations. Some of the questions asked by civil service boards must have been conceived in the incurable ward of a lunatic asylum. The same is true of medical examinations. They are not tests of the man. They are only tests of his memory for facts. They tell us nothing of his judgment, tact, energy, enthusiasm, idealism, reason, observation, temperament, disposition, honesty, loyalty, courage, truthfulness of intelligence. Memory for facts means little. The other things mean nearly all.

A chorus of "Amens" from modern students might be expected, just as today's students could agree wholeheartedly with most of Da Costa's apothegms. Likewise, his proposals for

reform would receive a better reception today—similar suggestions are still being debated—than they did when they were unveiled. In that sense, Da Costa stands out as a man ahead of his time.

■ When challenged with crippling disease, which struck him in 1922, Da Costa showed characteristic tenacity and determination to overcome his affliction. He continued to teach, conducting his clinics from a wheelchair. These were memorable experiences and recollection of them can bring tears to the eyes of Jefferson's senior physicians who attended some of the last clinics. Despite his illness, Da Costa continued to revise his textbook and collected his papers and speeches for publication. One of the most emotional moments of his life came in 1931, when he made his farewell address to the Philadelphia County Medical Society. It was the society's second annual Da Costa oration, a tradition still carried on. In describing the scene, *The Philadelphia Record* noted that Da Costa spoke from his wheelchair with an attendant to hand him pages of his speech and to wipe his brow. The *Record* reported:

An audience of about 1,000 physicians and their wives alternately shouted with glee and wept as the aged and broken surgeon and teacher denounced and applauded the things he had found good and bad in his profession and in mankind generally.

Summing up his observations after a distinguished career, Da Costa told his colleagues:

The medical profession is troubled with the same thing today that it was troubled with when I started on my career. There are too many young men being knocked off the ladder of fame by old men coming down.

If anything, Dr Costa's private life was as distinctive as his professional career. He shunned formal dinners and social gatherings, considering them boring. Much of his excitement came from observing fires and firemen at work. He served without salary for many years as surgeon to the Firemen's Pension Fund and had a fire alarm installed in his home so he could be on his way at the first alarm. Philadelphia's firemen recognized his service and friendship in 1931, when Da

Costa was appointed an honorary deputy fire chief by the city. He was sworn in during ceremonies in the old Jefferson "pit" and presented a diamond-studded badge of office. Those who knew him say it was one of his most cherished possessions. Da Costa also had a love of railroads and engines, stemming from his childhood when his father served as president of the Camden and Atlantic Railroad. He spoke often in later life of driving a shifting engine in the Camden yards, and hung many large photographs of famous locomotives in his home. His love of railroads was probably at the root of his unique routine for correcting students' examination papers. After collecting the papers, he purchased enough tickets for a 1,000-mile trip, boarded a train and continued to ride until he had all the papers corrected.

Da Costa cultivated many close relationships during his lifetime. Perhaps the most tender was the bond between him and his wife, Mary, who attended him during the agony of his final years. Other relationships most often cited by other authors were those between Da Costa and "Split-the-Wind" Dunlop, a convicted safecracker whom the surgeon employed after the man was discharged from prison, and Da Costa's high regard for his black handyman, Willie Barrett. It is said Da Costa so loved Willie that he refused permission for an autopsy when the Negro died.

■ An equally strong bond existed between Da Costa and his students, many of whom were responsible for training the leading surgeons at Jefferson today. In passing on knowledge they gained through Da Costa, along with much of his philosophy, they performed fitting tribute. It would have pleased their teacher, who once observed:

Next to a good name, there is no heritage I would so much like to leave as a group of fine young surgeons to whom I had the good fortune to open the doors of opportunity. Think of the benefit to humanity of such a heritage. Think of those men remembering the man who helped them with enduring affection. Could anything be finer?

If that was Da Costa's supreme wish, he accomplished it—and much more.



**N**o one before or since has held faculty appointments simultaneously at all five medical schools in the city

Chevalier Jackson, M.D.

Class of 1886



“Being purely mechanical, the problem must be soluble.” So wrote Chevalier Jackson in his autobiography, published in 1938. He was referring to his efforts to refine the fledgling art of bronchoscopy to make it safe for general use. It would have been a fitting epitaph, for Jackson tackled and solved hundreds of mechanical problems during his medical career, devising instruments and procedures still in wide use. His success can be judged by the admiration shown by his peers. Following his death in 1958 at the age of 93, the *A.M.A. Archives of Otolaryngology* described him as “one of the greatest, if not the greatest laryngologists of all time.”

■ Jackson’s particular interest was peroral bronchoesophagology. He invented and improved many of the original instruments used for these procedures and expanded their usefulness. His mechanical genius was matched by his dexterity (actually ambidexterity),

allowing him to experiment with and perfect procedures that would have discouraged a lesser man. His description of his feelings when devising a safe method for removing foreign bodies from the bronchial tree of a child provides insight into the typical mechanical problems he surmounted:

The bronchi enlarge and elongate at each inspiration, diminish and shorten during expiration. The heart at each beat dinges in the bronchial wall or pushes the whole bronchial tube sidewise; the thumping is transmitted to the fingers holding the inserted bronchoscope. One gets the impression of being in the midst of the machinery of life itself. In a baby the obvious delicacy of life’s constantly moving machinery is appalling. To work in such surroundings through a tube not much larger than a straw to manipulate a safety-pin, for example, is daunting to the utmost degree



Jackson got great satisfaction from his success in developing and employing such procedures, but his greatest contribution, perhaps, was his teaching. He felt an obligation to equip others to follow in his footsteps, and was regarded by many surgeons as foolish for not treating his younger associates as potential rivals. "It was obvious," he wrote, "that all the bronchoscopy and esophagoscopy I could do in a lifetime . . . would be as nothing compared to the results of the wide dissemination I felt sure could be accomplished by teaching every physician willing to learn." His philosophy on how physicians in training should be treated was advanced for his time—and even for today. Several of his suggestions: "give him credit in your own writing—don't be afraid to make it more than he deserves; to convince him his services are valuable, pay him not only a good salary but add perquisites." Such views were greeted derisively at the time (as they would be now in many quarters), but Jackson believed they would allow the creation of great surgeons to carry on his work. This was his goal and it provided him great satisfaction when the men he had trained entered practice while "young enough to do creative work, many years of it."

■ The altruism that motivated Jackson in the training of successors can be seen also in his attitude about the many instruments he devised. He refused to patent any of them and had nothing but scorn for those who were unwilling to share their discoveries freely. (The developer of the light carrier Jackson modified for use on his original esophagoscope was described as a "soulless mechanic" because he patented the device.) Jackson was equally generous in his attitude toward those who appropriated his contributions to medicine as their own. When a colleague became indignant about others using Jackson's material, he explained his feelings:

Plagiarism of idea or phraseology is a form of imitation that is indeed the most sincere flattery. Nothing gives me greater pleasure because it means either the writer considers my work so good he deems it worthy of himself, or my teaching has made such a profound impression on him that he thinks he did it himself. In either

case I have evidently done a good piece of work.

Jackson didn't reserve his good work for medicine. He excelled in painting and woodworking, which were his hobbies, and even entered the political arena to crusade for a principle that was close to his heart. As a physician, he was not at home with politicians and found their cynical pragmatism disturbing. However, this did not deter him from battling for laws to make the labeling of caustic material mandatory. He was inspired by the many cases of lye burns of the esophagus brought to him over the years. "Obviously these lye burns were preventable accidents," he observed. "Two things were to be done. A warning label must be put on the containers and a nationwide campaign of education must be inaugurated so that these caustic poisons would be kept out of the reach of children." Jackson was able to save many children by dilating their strictures through the esophagoscope, but he knew labeling legislation was the only reasonable answer. Consequently, he began to collect "appealing and convincing evidence to show legislators when the time should come." Years later, his efforts came to fruition with the signing of the Federal Caustic Poison Law by President Coolidge. The patience and determination of the man can be appreciated when it is realized that he began working for such legislation soon after his development of the esophagoscope in 1890 and the federal law went into effect in 1927. Over the ensuing years, Jackson made many appearances before legislative committees and never lost an opportunity to impress his colleagues with the need for such a law.

■ To accomplish so much, Jackson worked long hours. He was prepared for such toil by the hardship of his youth. He got used to frugal living while a student at Jefferson, where he received his M.D. in 1886, and maintained a pattern of austerity throughout his life. This may have made him susceptible to the pulmonary tuberculosis infection that curtailed his work three times during his long career. Jackson took to his bed with each recrudescence, but used the time efficiently, writing and sketching for articles on his newly developing specialty. His industry is reflected in the

12 textbooks he produced, along with the hundreds of articles he contributed to the literature.

■ His accomplishments brought him admiration along with satisfaction, and he received honors continually. One of the earliest was his selection at the age of 35 as professor of laryngology at Western Pennsylvania Medical College in Pittsburgh, his hometown.

The University of Pittsburgh eventually absorbed the school and made Jackson professor of laryngology. Though he had established a nationwide reputation in Pittsburgh, with cases referred there from throughout the U.S. and abroad, Jackson decided at the age of 53 to move to Philadelphia, where he saw greater opportunity for the training of bronchoesophagoscopists. He accepted the chair of laryngology at Jefferson in 1916 and began a career unique in Philadelphia medical history. No one before or since has held faculty appointments simultaneously at all five medical schools in the city. Jackson had that distinction "and I do not hesitate to say no one will again," observed Hobart Amory Hare. "No one anywhere in the world has ever before created nor given away, five medical collegiate chairs." The unlikely situation arose, Jackson explained, when trustees failed to accept his resignation after he established bronchoesophagology clinics in their institutions and moved on. Each time he felt compelled to move—to spread the knowledge of his specialty—but he left each institution with an adequately equipped department where none had existed before and a carefully trained successor. Among these was his son, Chevalier, who succeeded his father at Temple University, and Louis H. Clerf, who went on to build a national reputation at Jefferson.

After accomplishing his goals, Jackson lived in semiretirement at a country estate near Schwenksville, some 30 miles outside of Philadelphia. He was active to the last, lecturing, reviewing articles and revising his textbooks. His satisfaction came from observing his chosen field develop from a medical curiosity—its status when he began practice—to a respected and valuable subspecialty. He was in no small measure responsible.

"Being purely mechanical, the problem must be soluble."



Late in 1967, the world was startled by the news from South Africa that a heart had been transplanted successfully from one human to another. This meant a man could live without his own heart, and opened up both philosophical and scientific debates on revised criteria for death. It also brought attention as never before to the burgeoning field of cardiac surgery. It was another example of how a contribution made by a Jefferson physician had advanced medical practice significantly. The contribution, of course, was the cardiopulmonary bypass—"heart-lung machine" in layman's language—developed at Jefferson by John H. Gibbon, Jr., emeritus Gross professor of surgery. Perfection of this device was as significant a contribution to cardiac surgery as the introduction of general anesthesia was to surgery in general. It allowed the cardiac surgeon to stop the heart, open it and operate unhurriedly under direct vision in a bloodless field. Meanwhile, the machine performs the work of the heart

and lungs. This was truly revolutionary and brought hope for life to thousands of patients with formerly "incurable" lesions.

Now that cardiac surgery is almost commonplace, the cardiopulmonary bypass is standard equipment in many operating suites around the world. This advance has taken place in little more than a decade-and-a-half since the first successful use of the machine in human heart surgery at Jefferson. The patient on that historic May 6, 1953, was an 18-year-old girl with an atrial septal defect about the size of a half-dollar. It took Dr. Gibbon 26 minutes to repair the defect while his machine pumped and oxygenated her blood. Recalling the operation some 10 years later, he said: "I used up all my courage that day."

While it took a great deal of courage to take that final step, there was every expectation of success. The results of more than 20 years of research indicated that extracorporeal circulation was possible. Animal experiments



he thought constantly recurred that the patient's hazardous condition could be improved

John H. Gibbon, Jr., M.D.

Class of 1927



showed that it could be done, and the necessary machine had been designed and built. Wherein lay the inspiration for this epic task? What were the successes and failures of the 20 years of preparation?

Many of the answers were supplied by Dr. Gibbon in 1963—10 years after his brilliant success—as he accepted the Strittmatter award of the Philadelphia County Medical Society. He recalled an all-night vigil he conducted in 1931 at the bedside of a woman with a massive pulmonary embolism. As her life was gradually choked off, he told his colleagues, “the thought constantly recurred that the patient’s hazardous condition could be improved if some of the blue blood in her distended veins could be continually withdrawn into an apparatus where the blood could pick up oxygen and discharge carbon dioxide and then be pumped back into the patient’s arteries. Such a procedure would also lend support to the patient’s circulation while the embolectomy was being performed.” An embolectomy was performed, but without the support of such a device, and the patient died on the operating table.

■ Dr. Gibbon was a Harvard surgical fellow at that time, and he never forgot that experience. Ironically, the simple device he conceived at the patient’s bedside is essentially what is used today to keep patients alive during open-heart surgery. But when he broached the possibility to several of his colleagues at that time they attempted to discourage him. Much of his support came from his wife, Mary, mother of his four children, who was a medical technician and worked with him for many years in his research. Over the years, Dr. Gibbon left Harvard for the University of Pennsylvania, then returned to Harvard for more research. He resumed his association with Penn and continued his research there until World War II, when he left for three years in the South Pacific.

During those years before the war, he had his initial successes. Working with cats, he found he could maintain life for up to 40 minutes during complete occlusion of the pulmonary artery. When his supply of laboratory cats ran low, he took to the streets looking for strays with a gunny sack to carry them and a can of tuna fish for bait.

Another success was the demonstration that animals could recover and resume a normal life after being taken off the bypass. As a remembrance of this benchmark, Dr. Gibbon kept in his office a photo of a cat that bore nine healthy kittens after her encounter with his heart-lung machine.

■ After the war, Dr. Gibbon came to Jefferson, where his father had been an outstanding professor of surgery and a close associate of J. Chalmers Da Costa. It was a homecoming for the junior Gibbon, who had received his medical degree at Jefferson in 1927. After modifying his machine somewhat, Dr. Gibbon began a series of experiments with dogs and met with continued success, keeping a dozen of the animals alive more than an hour while he repaired defects in their heart walls. Success in animal experimentation set the stage for the supreme trial, which opened a new era in surgery. Dr. Gibbon continued to seek improvements in his machine, but curtailed his research efforts after the device was proved successful. He contended such work was best left to younger men, and he concentrated on his teaching. Students appreciated his efforts, for the Class of 1963 voted to commission a portrait of their professor of surgery for presentation to the College. One student remarked at the time that he was proud to take part in the vote, since his father had been in the class that voted to honor Dr. Gibbon’s father in a similar fashion. The portrait was presented to the College on May 6, 1963—the 10th anniversary of the first successful open-heart operation—and it was hung next to the portrait of Dr. Gibbon’s father in McClellan Hall.

In 1967, Dr. Gibbon followed his father’s example in taking an early retirement from active practice. Yet his influence on students continues. When a group of students decided to found a surgical society at Jefferson last year, they named it in honor of Dr. Gibbon. According to their constitution, the society was “founded on the principles of contemporary surgery established at Jefferson over the past two decades under the guidance of John H. Gibbon, Jr.”

■ Dr. Gibbon has received countless honors over the years. The new society will be a living tribute to his accomplishments.



We the Undersigned hereby Subscribe  
to the Constitution and By-Laws  
of the Alumni Association of the  
Jefferson Medical College  
of Philadelphia

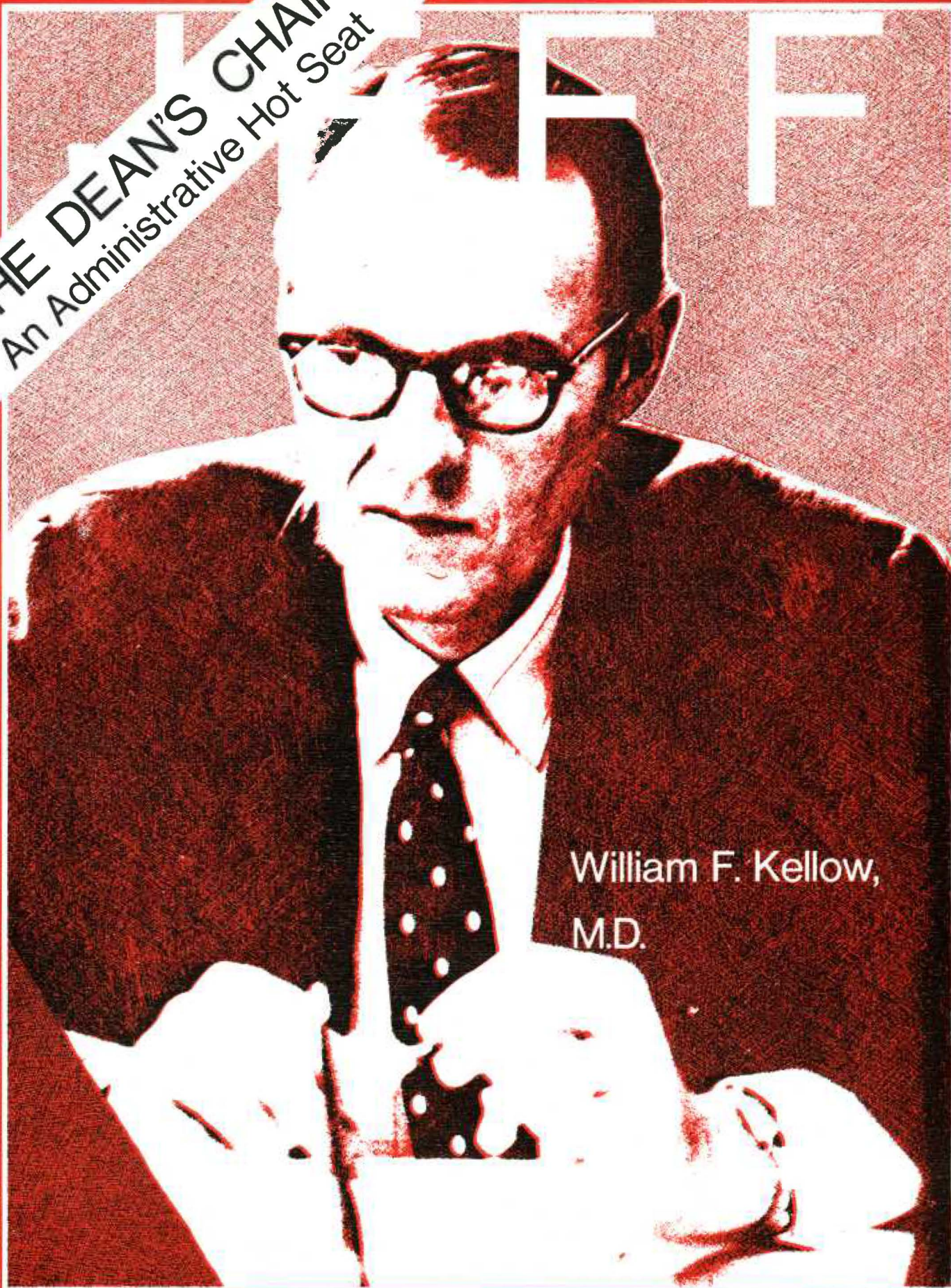
"Above all, the advancement of the interests of Medical Education"





# THE DEAN'S CHAIR

An Administrative Hot Seat



William F. Kellow,  
M.D.



# OFFICES OF THE DEAN

## Preparing for the 1980's

Prior to his appointment as the nation's chief health officer last year, Dr. Roger O. Egeberg characterized the relationship of a medical school dean to his faculty, students and board of trustees as akin to that of a dog and a fire hydrant. As dean of the University of Southern California Medical School, he was qualified to speak. The statement surely was greeted with knowing smiles in deans' offices throughout the land, where these embattled medical administrators work to please their three constituencies—faculty, students and trustees.

At Jefferson, the dean must consider a fourth group—the alumni—because of their intense interest in the school and the substantial financial support they contribute. The man on that hot seat at Jefferson is William Francis Kellow, 48-year-old father of five daughters, who has spent most of his professional life in academic medicine—the bulk of it in administration.

Dr. Kellow is completing his third year as dean at Jefferson and admits it has been quite a job. He took time from his busy schedule late last year to discuss with *The Clinic* some of the problems facing Jefferson, medical education and the medical profession in general. When questioned about the difficulty in satisfying his various constituencies, Dr. Kellow confirmed that this is the dean's hardest job. While all four groups have the interest of the institution at heart, he explains, they sometimes are "forces pulling in different directions." The dean's greatest satisfaction comes from harnessing these forces to move Jefferson forward.

Dr. Kellow summarized the special interests of the four groups simply:

—The trustees identify with the public, whom they represent, and want progress in solving the problems of medical care and community medical services.

—The faculty identifies with the basic mission of a university, educational and research programs, which produce people and knowledge for the future.

—Students are concerned with the education of today—as it applies to them—and they seek prompt reforms.

—Alumni look back nostalgically on their years at Jefferson and expect to see the basic structure of the school unchanged, but at the same time they want the institution to progress so they can be proud of it.

Happily for the dean, these goals are not mutually exclusive. Of them all, the school's role in meeting the needs of the public for medical care has grown the most in the recent past. The trustees, accordingly, have turned much of their attention to this problem. "Public demands for better medical care have been building for the past 15 years," Dr. Kellow observed. He explains the phenomenon as a result of wide coverage of medical advances in the news media. As the demands have increased, Dr. Kellow says, the medical schools have moved to help fill the need. But now they are in danger of being overwhelmed by the burden. "We are worried because we can't fulfill the need for ourselves," he says, adding that the threat comes mainly from misinterpretation of the

aims and capabilities of medical school programs. What the schools have tried to do, he explains, is to set up "demonstration models in community medicine," where medical students, residents and interns can attempt to develop more efficient methods of delivering medical care to a part of the needy community. The centers must be small and involved with only a few patients if these goals are to be met. Their value to the community, the dean explains, would come when methods developed at the centers are applied later by others in delivering community health care on a large scale.

Many community leaders are not content to allow medical schools to merely develop improved methods of delivering care, and the pressures are mounting to get the schools directly involved in large-scale programs for actual delivery of health care. Public officials are among those urging the schools to meet the current need, which the dean contends they cannot do. "If the public continues to demand that we overextend ourselves," he said, "our educational programs will be in jeopardy." A major problem is financial. Once community health programs are started, the dean points out, public agencies cut their financial support and expect them to be self-supporting. "But there's no way for community medical programs in poverty areas to be self-supporting," the dean contends, "yet their funds are cut even before they are established." The deficits can't be made up from medical school budgets, he explains, since they represent tuition and other funds for educational



programs, which cannot be used for patient care.

Dr. Kellow concedes it is important for Jefferson and other medical schools to continue their interest in and commitment to providing service, but he believes the school's two other responsibilities—education and research—must remain paramount. These are the areas that directly affect the students and faculty. "They represent our obligation to the future," Dr. Kellow explains. "If we are expected to prepare doctors for the 1980's and to develop new knowledge and techniques that will make tomorrow's medical care better than yesterday's we cannot use all of our energy in providing needed services today." It is difficult to convince many students of the obligation to the future, the dean admits, because they "are intensely concerned with the present." They demand reforms in medical care, curriculum and academic procedures—as the faculty does—but students want the improvements right away, so they will apply to them, he says. It is the dean's job, he explains, to make the necessary changes to the satisfaction of both faculty and students, and assure the progress of the institution at the same.

Among the major changes made during the administration of Dr. Kellow has been a thorough and continuing revamping of the curriculum. For several months prior to assuming office in 1967, the dean worked with the Curriculum Committee in an effort to guarantee the most effective change with a minimum of upheaval. The result was the new "core" curriculum, which is supposed to expose every medical student to material he should know—no matter what specialty he intends to follow—and allow plenty of time for elective courses to help him select a field of practice. Critics of the new curriculum say that instructors merely cover the same material in less time, thereby increasing the burden on the student. Any student can testify that there is some truth to that contention, but the complaint is becoming less valid, apparently, as instructors become adjusted to the new system. Besides, such complaints don't discredit curriculum—only its implementation.

Despite the revised and generally more streamlined curriculum, Dr. Kellow is still "not sure we don't over-teach." He knows medical students are

exposed to the same material repeatedly, but he doesn't know how this can be avoided. Since he believes it is necessary for every student to complete a general medical curriculum, he opposes suggestions that medical schools graduate specialists in surgery, medicine, pathology or another discipline. "Specialty training is part of graduate medical education," he insists. The present system has its drawbacks—in time and cost to the student as well as the school—"but we haven't found a good substitute," the dean says.

A great deal of the impetus for continuing curriculum reforms comes from the students, the dean explained. Through the Student Council Curriculum Committee and student representation on the faculty Curriculum Committee, many reforms have been proposed. Some have been instituted and others are being studied. Student interest in curriculum is merely one manifestation of current student insistence at playing a significant role in policy-making, the dean believes. "They aren't rioting or taking over college buildings, but they insist that their opinions be considered before decisions are made." This is a good thing, the dean believes, but he realizes that the changing role of the student has upset some members of the faculty who are more traditionally oriented. How radical is the change in modern students? A vivid example of how complete the break with the past is can be inferred from a passage in a past issue of *The Clinic*. It is the description—written by graduating seniors in 1934—of then-Dean Ross V. Patterson:

To the lowly students at Jefferson, Dean Patterson is a godlike figure, godlike in the sense that he is omniscient and omnipresent but invisible. On certain widely her-

alded but rare occasions he appears before us, his humble devotees. At these times he assures us that we are his chosen people, then in the next breath recalls to us those of our number who have fallen into the outer darkness and finally he gives us commandments through the observance of which we are to be saved.

Such a passage (hardly the fire hydrant's view of a dog) would be ludicrous today, but apparently was appropriate for the "lowly students" of 1934. Certainly today's students consider themselves "humble devotees" of almost no one and are unwilling to concede anyone the attributes of omniscience or omnipresence. Despite the complete break with the past apparent from the above passage, the change has not been so abrupt as many people believe. Medical students have been gradually assuming equal partnership with the faculty and administration in the shaping of their education. And the increasing student role is not merely a response to student demands. For many years, Dean Kellow points out, it was almost impossible to get students interested in nonmedical issues, including their own education. In particular, he notes, they were disinterested in such important social issues as the delivery and availability of health care. When Medicare was being debated in the 1950's, he recalls, few medical students showed any interest. Now, he says, social awareness, is among the prominent characteristics of medical students across the nation. They are not only entering the debate, but activists are seeking to bring about what they consider needed reforms.

A manifestation of this social concern has been a campaign by students for the admission of more black applicants to Philadelphia medical schools.

Dean solicits opinion at student-faculty coffee hour





Students credit the campaign for the appearance of 11 black freshmen at Jefferson this year. Dean Kellow says the issue is more important than one of black admissions alone. Many "disadvantaged" persons—both black and white—have been deprived of a medical education over the years, he says, and Jefferson has committed itself to helping these people. High school students of "lesser educational and economic opportunities" have, in effect, found it impossible to aspire to a career in medicine because their families were unable to bear the costs of the lengthy educational preparation. Also, the dean points out, there has been a problem of motivation. Disadvantaged youths—feeling pressure to seek more attainable goals—were not likely to commit themselves to the strict regimen of preparation for a medical career. Several steps are being taken to reach and motivate qualified young men and women from this group. In particular, Dr. Kellow praised the Don's Program at Jefferson, which was started in 1968 by Cora Christian, a third-year stu-

dent. Under the program, Jefferson students volunteer to act as "Dons" for high school students from poor neighborhoods. They are encouraged to meet with the youngsters at Jefferson and introduce them to the opportunities open to them in medicine, nursing and paramedical fields. "The idea for the program was entirely Cora's," Dr. Kellow explained, "and she's done most of the work." The dean did write a letter in support of the program, urging all departments to give assistance where they can.

Another major factor contributing to making a medical education available to disadvantaged students is a community committee that will refer qualified applicants to all of the city's medical schools. Jefferson supports the aims of the committee, according to the dean, but he stresses that it is a completely independent organization—answerable to the community, not the medical schools. Jefferson is especially—if unofficially—associated with the committee because its executive director is Brent W. Spears, who was a member

of the senior class but took a year's leave of absence to head the citywide organization. Spears expects to return to Jefferson and graduate with the Class of 1971. The function of the committee, according to Dean Kellow, is to find suitable applicants and counsel them. It then informs the medical schools, so the students can be given "selective consideration" by admissions committees. This arrangement has led to a lot of misunderstanding and fear by some students and faculty members that unqualified applicants will be admitted and "pushed through." This is absolutely not true, the dean counters, explaining that the concept of "selective consideration" has been in effect at Jefferson and other Pennsylvania medical schools for some time. The prime example is the consideration given Pennsylvania residents by the Admissions Committee. "A resident of this state is ten times more likely to be accepted than an applicant from another state," the dean explained. This is due to the heavy financial support from the state that is necessary to keep

## Profile

### 'no time to remain aloof'

*"While no one can predict how medicine is going to be practiced 25 years from now, it is clearly evident that vast changes are imminent and that the medical schools and their teaching hospitals must become involved in the task of solving the weighty problems which face our country in the health field. This is no time for our medical school faculties to remain aloof from the activities of organized medicine, various government agencies and other public bodies which are trying to determine how our splendid health resources can be integrated for better health care without curtailing their further progress."*

That was the advice issued by Dr. William F. Kellow, Jefferson's dean, in his first message to the alumni in 1967. Dr. Kellow can safely counsel against aloofness because he has been embroiled deeply in nearly every facet of medicine since he left Notre Dame

University in March of 1943 to enter Georgetown Medical School. One of the major reasons he chose medicine as a career was the high regard he had for a general practitioner in his hometown of Geneva, N.Y., where he was born on March 14, 1922, to an Irish Catholic family. Dr. Kellow finished the program at Georgetown in "three years to the day" and took a year's rotating internship at District of Columbia General Hospital. World War II was over when he completed his internship in 1947, so he decided to continue on at D.C. General in a medical residency. After a year he opted for surgery and spent a year in a surgical residency at Georgetown and Walter Reed Hospitals. During his surgical training—which included six months' training in thoracic surgery—he became interested in the chest. So, when he resumed his residency in internal medicine, he spent a year studying pulmonary diseases, and now is certified by both that board and the

American Board of Internal Medicine.

After completing his postgraduate medical education, Dr. Kellow entered private practice for a short time. Soon he was called by the Air Force to serve during the Korean War as chief of the medicine service at Beale Air Force Base Hospital in California. He began his academic career at the University of Illinois College of Medicine after leaving the Air Force. Soon, he found he had a knack for administration and headed in that direction, accepting a post as assistant dean at Illinois. He came to Philadelphia nine years ago as dean at Hahnemann, where he served for six years before accepting his current position. Since his arrival here, he has lived with his wife, Stella, and five daughters in Wynnewood.

The average career of a medical school dean spans less than six years. Observers explain that most deans can take the "heat" only that long. Since he is still going strong after nine years—and at 48 apparently has many years



the school open. Another group given "selective consideration" includes the sons and daughters of alumni. In both instances, the dean stressed, the applicant must be qualified in order to be accepted. This means that in some instances a better-qualified applicant from another state is passed over in favor of a qualified applicant from Pennsylvania, or a qualified son of an alumnus, or a qualified disadvantaged applicant. Certain groups get "selective consideration" in all medical schools, the dean stressed, and the concept has merely been widened by the Philadelphia schools to enable more disadvantaged students to gain a medical education.

While the dean is enthusiastically in favor of student involvement—and the reforms it brings about—he is dismayed somewhat by one aspect of modern student life, the rejection of conventions of dress. "The doctor's appearance and his manner are the basis for a patient's opinion of him," the dean maintains, "and this, indeed, is relevant." By the time a student

reaches a professional school "he should be well adjusted and willing to accept responsibility and the conventions that have become a sign of maturity," Dr. Kellow added. The dean also fears that some students use "involvement" as an excuse not to study. "It's not fair just to pass a test," he says. "For your sake and the sake of your potential patients you have to learn as much as you can."

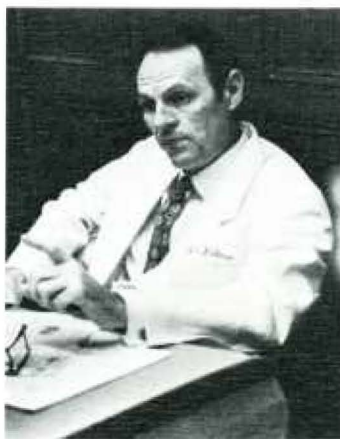
This raises the question of why students might feel compelled to seek refuge in such excuses. At Jefferson, the dean admits, they might feel pressure—generated by the competition surrounding the examination and grading system. He agrees that such pressure is unfortunate, but he is not in favor of abolishing evaluation of student performance. He is anxious to hear suggestions for improving the system, such as the proposal that a pass-fail system be instituted. He believes "pass-fail is a little too simple," but says he would support such a system provided there is a category for honor students, plus a subjective descriptive assessment by the faculty of the student's performance.

This, he feels, might reduce pressure on the bulk of the students and would allow the school to single out students whose performance has been remarkable. In a straight pass-fail system, he points out, "only those students whose performance has been remarkably poor are singled out." Proponents of pass-fail contend inclusion of an honors classification will preserve the competitiveness that leads to pressure. The dean has already implemented his proposal for personal assessments of students. This allows internship recommendations to be based on more than the student's grades, he says, and hopefully assures the internship applicant that hospitals will have enough information to include the unique individual merits of Jefferson students in ranking applicants.

Internship, after all, is the major concern of senior medical students—and is a test of how well a medical school prepares its students for their ultimate goal. Just as curriculum and other academic reforms have changed the period of preparation, Dr. Kellow

ahead of him—Dr. Kellow may become the "iron man" of U.S. medical deans. He admits that the job seems thankless at times but says he feels most men endure difficult tasks because they feel a twofold responsibility—to the people they work for and to the people who work with them. When one meets with success, Dr. Kellow says, there is satisfaction for all involved.

Perhaps his conscientiousness and determination are a legacy of his youth. While Dr. Kellow was trained and has worked exclusively in the nation's large cities—Washington, Chicago and Philadelphia—he remains in many respects a "small-town boy," with all of the simplicity, integrity and other attributes that description implies. It is a long way from Geneva, N.Y., to the Union League of Philadelphia. An accomplished physician and administrator with the humility to admire the country doctor who served as his youthful inspiration, William Francis Kellow is at home in either setting.





believes the needs of modern medicine are revolutionizing medical practice. What, then, do the graduates of 1970 have to look forward to?

Continued participation in postgraduate educational programs will be necessary and unavoidable, the dean says. More and more doctors will be propelled into advanced training, he predicts, because they simply are not prepared after four years of medical school and an internship to practice modern medicine. "That was sufficient in 1922; it's not good enough for 1970," he remarked. Besides the personal desire for improvement, young physicians are feeling pressure from hospitals to advance their knowledge, Dr. Kellow explained. "More and more hospitals are requiring that a physician be qualified for certification by a specialty board before giving him a staff appointment," he stressed, adding that promotions also are dependent on certification.

The emphasis on advanced training is also kindling increased interest in academic medicine among recent graduates, the dean says. In an interview last year in the journal, *Hospital Physician*, he explained why: Academic medicine "allows the doctor to mix practice, teaching, research and administration according to his own talent. Most other careers do not permit this degree of flexibility and broad involvement." What qualifications should the young physician have before considering a career at the fountainhead? At the least, Dr. Kellow says, "he must have more than one talent. But whatever he is, he must be a good doctor first." Thus, he explains, the prospects are bright for the young physician who is both a good doctor and a good teacher . . . a good doctor and good administrator . . . or a good doctor and a good researcher. Medical schools must attract such physicians to their faculties, he says, if they are to continue to offer quality education programs in the face of burgeoning enrollments.

This, of course, represents a drain of manpower from the community medical pool—and along with increasing specialization is causing criticism by many doctors and the public alike. There is much concern over the dwindling supply of general practitioners—family physicians, and Dr. Kellow is

acutely aware of this. He emphasized his concern by stating that even at Jefferson, which traditionally has trained doctors interested in general medicine, few graduates are headed in that direction. A poll of the class graduating in 1968 showed that fewer than one in ten was considering a career in general practice. The figure is even lower for the Class of 1969, but dean hopes there may be a reversal of the trend now that family practice has become a recognized specialty. Also, he points out, the American Board of Internal Medicine and the American Board of Pediatrics have focused on the need for more general practitioners, hoping to attract more new graduates into that field. Another reason for optimism in this regard, the dean says, is the demonstrated social consciousness of today's medical students. They are highly motivated, he says, and if they are convinced this is where they are most needed many will practice family medicine.

Turning from the discussion of medical education, its trends, goals and results, the dean focused briefly on the second main purpose of a medical college—research. A good basic research program is a hallmark of an academic institution, and Dr. Kellow says he is proud of Jefferson's accomplishments in this sphere. Despite a general cutback in federal funds made available for scientific research, Jefferson attracted \$8.4 million last year from government and private sources for research and training programs. Since this represented a substantial increase from the \$6.2 million program of 1967-68, the dean feels Jefferson's record—in view of broad cutbacks at other institutions—is "outstanding." While Dr. Kellow believes \$8.4 million is "quite a large figure for an independent medical school," he hopes to expand this budget markedly in the next few years. He points out that the amount received for these programs has increased more than 100 percent since 1964-65, when Jefferson attracted slightly less than \$4 million in grants.

This, of course, has meant many changes at Jefferson, but Dr. Kellow maintains that the school has preserved its traditional flavor. This is important to the dean, for it is in Jefferson's traditions that the unique loyalty and support of the school by the alumni is based. Jefferson alumni are probably

the most glaring exception to the generalization that doctors are disinterested in their medical schools. Not only are the alumni vitally interested in what is happening at Jefferson, but they have been very helpful to the institution over the years, Dr. Kellow says. Most apparent is their generous financial support, which consistently tops all other medical alumni groups in the nation. Last year, 3,330 alumni contributed a total of \$343,815 to the school—for an average gift of \$103. Alumni also contribute significantly to the school in other ways, Dr. Kellow stresses. For example, he cited numerous instances of Jefferson graduates' interceding personally with legislators in support of measures that would benefit the school. This and other alumni support—mostly unheralded—has impressed Dr. Kellow since he came to Jefferson. However, he feels a more significant tribute paid to the school by the alumni is their confidence. "A very good test of approval," he points out, "is the large number of alumni who are anxious to have their sons and daughters follow them at Jefferson." This, he feels, indicates a judgment by graduates that the school has maintained the desirable qualities that impressed them as students and has kept pace with modern medical progress. Thus, the dean believes the desires of the alumni are successfully enmeshed with the aims of the faculty, students and trustees.

The dean's role in balancing the interests of these four groups is one of "setting priorities," according to Dr. Kellow. "Obviously, we can't do everything at once, so improvements must be given an order of importance. We try to get to the most pressing problems first." After three years of setting priorities and harnessing sometimes divergent forces at Jefferson, Dr. Kellow admits that he has obtained a great deal of satisfaction from the job. Part of the reward, he explains, is simply the realization of an ambition he had when he entered medical administration 15 years ago. But most of his satisfaction arises from seeing the changes at Jefferson as it progresses into the 1970's. The goals of the institution as it makes this transition will remain the same—the education of quality physicians and the advancement of the profession through the discovery of new knowledge.



# From the Office of the President



## THOMAS JEFFERSON UNIVERSITY

Office of the  
President



To the Class of 1970 - Felicitations and Good Luck!

Felicitations on attaining your long-awaited and hard-earned immediate goal. And good luck in anticipation of the many eventful, exciting and gratifying years ahead.

These are changing times that call for flexible attitudes and novel approaches.

But change and flexibility have always been the hallmarks of Jefferson's continuing success - from its failure to obtain a Charter in 1823, to its origin under Jefferson College in 1824, to its independence in 1838, to its development of Graduate Studies in 1949, to its formation of a School of Allied Health Sciences in 1966, and to its emergence as a University in 1969.

Throughout this change and flexibility, Jefferson always has had, and always will have, its Jefferson Medical College as the cornerstone of its ever-emerging new image.

I hope this pride in tradition, which forms the sinews of every great institution, will remain with you, and will continue to evoke and to sustain your interest and loyalty in your Alma Mater.

Sincerely yours,

Peter A. Herbut, M.D.  
President



## administrative staff



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Executive Secretary  
Alumni Association



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**Robert P. Gilbert, M.D.**  
Associate Dean



**Joseph S. Gonnella, M.D.**  
Associate Dean



**Joseph J. Rupp, M.D.**, (left), Associate Professor of Medicine, and **John H. Kilgough, M.D.**, Associate Dean.



**Samuel S. Conly, Jr., M.D.**  
Associate Dean



**Marie C. Bookhammer**  
Director of Public Information



# 'She smiled, and the shadows departed...'

Symonds

As the staff undertakes the momentous task of preparing a yearbook, it must turn to many people at Jefferson for assistance. In our experience, we are usually greeted with a smile and a true willingness to help. This has made our task not only tolerable but pleasant. We are indebted to these people. Here are some of them.











| SENIORS







## senior portrait

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When the class of 1970 presented a portrait of Dr. Charles P. Kraatz to the College on April 22, it was the first time the subject for the annual senior portrait had been selected by formal ballot. This guaranteed a choice by the majority of seniors and confirmed what most members of the class knew already—that Dr. Kraatz, veteran professor of pharmacology, was the class favorite.

Much of his popularity is based on his style of lecturing, characterized by humorous anecdotes and wisecracks mixed with the lecture material. Dr. Kraatz has been interested in drama since his college days, and he plays each class as if it were an audience. He believes his teaching methods establish an effective student-teacher relationship, where the professor is “regarded as a human being rather than an oracle.” His notorious collection of jokes dates back to his arrival at Jefferson in 1947 and his selection depends on the personality of the individual class. “All of them like the sexy ones,” he observes. His anecdotes and jokes are punctuated by gestures with his long cigar, which he chews interminably but never seems to keep lit. The cigar takes the place of cigarettes, which Dr. Kraatz admits he smoked “until they became harmful.”

After leaving the classroom, Dr. Kraatz takes his talents before other audiences. He is active in the Swarthmore Players, a drama group, and recently played in “Summer Tree” and “Philadelphia Here I Come.” He prefers comedy roles and enjoys playing young characters. Besides dramatics, he likes abstract art. His favorite artists: Brueghel, Dali and Hieronimus Bosch. He also travels a great deal, cooks exotic foods (which he eats, too) and plays piano for amusement.

Questioned about the changing attitudes of Jefferson students over the years, Dr. Kraatz said he believes students in earlier classes accepted the “grind” as an inevitable part of medical school. More of them wanted to be general practitioners in past years and they wanted to be exposed to all aspects of medicine, he says. “The students approached the lab with vigor then,” he recalls. “Now, the more that’s deleted the more resistance there is to what’s left.” He continued:

“Students now have broader interests, and that is just as important as the medical curriculum. They are inclined to be critical and to look harder at things. It all has to do with the current insistence on relevance, which the students feel they are in a position to judge. I’m not sure I totally agree.”

Dr. Kraatz was born in 1906 in Rochester, N.Y. He attended Berea College in Kentucky from 1922-1926, and majored in English and dramatics. He considered a career in medicine and went to the University of Kentucky where he earned master’s degree while fulfilling his premedical requirements. However, for financial reasons, he continued his graduate studies at the University of Cincinnati, obtaining his Ph.D. in Zoology in 1936. He was married in 1938 and is the father of two daughters, both of whom are teachers. His wife died in 1968.

After teaching physiology and a stint in the Navy, during World War II, he came to Jefferson as assistant professor of pharmacology. He was appointed professor in 1955. His research activities include the action of chlorpromazine on muscle systems and the mode of action of botulinum toxin.

When Dr. Kraatz reaches the mandatory retirement age next year, Jefferson will be the loser. Applicable to his contribution to an entire generation of physicians is the observation once made that “human sympathy, moral and intellectual integrity, enthusiasm and ability to talk, in addition, of course, to knowledge of his subject,” are the hallmarks of a truly great teacher.

ALLEN B. DAVIS '70  
*Portrait Committee Chairman*







# history of the class of 1970

By William A. Keel, Jr.

Picture a green college campus, tall, stately trees, hallowed ivy-covered walls, soft rolling hills, young couples, hand-in-hand, and a frisky squirrel or two. Have the picture? Forget it! Focus instead on 10th Street smog, dirt, empty wine bottles and 99-degree temperatures with humidity to match. To come to Jefferson it was necessary to come to Philadelphia—not the Main Line or the Great Northeast, but the heart of downtown Philadelphia. This is where Jefferson began, where it stayed and where it grew into a major medical center. This is why we came.



Privilege of “di-section.”

The first necessity was the finding of an apartment. (No, Virginia, there was no Orlovitz). There were roommates to be found, leases to be signed and rents to be paid in advance (and double in advance). Then, piece by piece, book by book and proud college diploma by proud college diploma, we settled in to start school anew.

The first week was Rush Week and that’s just what we did. For most of us, registration with only 175 other students was a welcome relief after our college experiences. We had talks, introductions (with introductions to the introductions) and orientation, followed by more introductions. Two-thirds of the speakers told us how lucky we were that we weren’t hearing the speech about how two-thirds of the

class would not make it through. Since Jefferson had graduated 21,322 physicians, this meant that we were among 63,966 who had attempted to make it. The big difference: we knew we were going to succeed.

The fraternities greeted us warmly. They arranged housing, luncheons, dinners, book sales, coat sales and old-note sales (guaranteed to have been taken by the valedictorian). They also arranged nightly parties with open bars and a generous supply of female companionship, most notably from Rosemont. By the first day of class—with their help—we all had our long coats, short coats, microscopes, 57 pounds of books and enough knives for place settings for the entire Third Army. We were given the lecture on the privilege of “di-section” of the human cadaver and were then taken upstairs at DBI to meet the privilege. The objects of our study, our tables and our lab partners were all assigned in alphabetical order—and this was good or bad, depending on the bodies (live or otherwise) that were to surround us for the next five months. (“I already know 90 percent of everything I need to know; I’m just here for the other 10 percent.”)

Rub your fingers together. Feel anything? No longer, of course. The grease is gone, as we knew it would. But we weren’t certain about the odor, the *essence du DBI*, which followed us continually. It was our trademark, our badge of honor. It marked us as distinct and (decidedly) separate—especially in the frat houses at lunch time.

We all developed individual approaches to anatomy. There was the “forget-lab-and memorize—Grant” approach, guaranteed to produce 95s, since the tests, like Grant’s, were printed on paper, I suppose. There was also the “seek-personal-attention-from the -best-instructors-to-gain-insight-as-

well-as-knowledge” technique — otherwise known as becoming a “Haus-fly.” Another method was the “keep-an-instructor-at-your-table-at-all-times” approach, which worked well for a small number of students (mainly those with longer hair . . . and skirts . . . who spoke Greek). Most of us used the tried (and trying) “hack, slash and dig” technique, which yielded the bountiful reward of one piece of useful information for every hour and 20 minutes of frustrating endeavor. (“It looks like a nerve, it feels like a nerve, now if it tastes like a nerve . . .”)

DBI really made us feel like medical students, and that we had earned the distinction. Cramped lecture halls, upper and lower, and wooden seats, hard and harder, provided the setting for some of our most memorable mornings. We heard der zisses and dose zasses from our round, red ribbon-wrapping Dr. Zitzlsperger, and after lectures by Dr. Hausberger those of us who had majored in German and minored in shorthand were, indeed, enlightened. Dr. Ramsey took us through the intricacies of embryology, complete with white chalk for the chorion, red chalk for the amnion and blue chalk for the allantois. Those of us without color pencil sets were in real trouble. We learned quickly, however, and bought pencil sets just in time to be rewarded by Dr. Parke, who presented us with a head-and-neck coloring book complete with a foldout of the orbit, as well as the precise location of vanity, virtue and vice inside the calvarium.

Reach up now and press your index fingers against your corneas, keeping your eyes open so you can continue reading. Does the pain feel familiar? Of course. It’s the feeling you had after 45 minutes of trying to convince yourself that your slide of the prostate matched the histology atlas picture of secretory endometrium. Or



vice-versa, depending on your state of confusion. Dr. Rosa, after demonstrating via closed-circuit TV how the 40-power lens could turn the fine tremors of a pin into the athetosis of a baseball bat, introduced us to histology. The challenge was to tell which part of which organ from which side of which dog or cat or mouse your slide came from. Bonus points were given for noticing the hunk of bone stuck on one side. Neurohistology proceeded in the same fashion. ("I always get mad when a medical student tells me he can't recognize an astrocyte. And yet I know that same student is able to tell the year and model of a foreign sports car at 10 blocks.") [Editor's note: We have lost track of the last two model series of Triumphs and Healeys over the past four years. But, alas, we still can't recognize astrocytes.]

We industriously memorized neuroanatomy as taught by Dr. Brown, and were understandably dismayed by the startling revelations of Dr. Moskowitz's first lecture, causing most of us to swear off anything above C-2 from then on.

**N**ext experiment: empty your closet, equip it with a hard chair and sit in there with the door closed for four hours. The rules:

1. You may not move
2. You must appear awake
3. No, you may not take your year-book with you.

Time's up. Did you get that familiar *deja vu* of boredom? Right, it's EPPI on a Saturday afternoon. Make that the first Saturday afternoon, or maybe even the second, if you were gullible or convinced that nothing could be that bad two weeks in a row.

Before long, we were used to the freshman routine. But then it snowed, and we wondered what had happened to September, October and November. It was almost Christmas. We had lost track of the date in preparing for several tests, which were successfully past (passed?). We prepared a great class play and then looked forward to a well deserved Christmas vacation, right?



There were many approaches.



Three blocks up 11th Street

Wrong! In January we were expected to return to school just in time to face a new test. But even this realization wasn't enough to dampen our holiday spirits. Besides, we hoped the lower extremity would be like child's play compared to the head and neck. And by that time, even the slowest among us had found the focusing knobs on our microscopes. As expected, the last part of the course was downhill, and we were able to march three blocks up 11th street fortified with an inexhaustible (but transient) knowledge of anatomy.

Inspired by the soporific prose of Cantarow and Shepartz, we began a three-week review of high school chemistry. Dr. Maurer *et al.* provided an indescribable lecture series on the intricacies of protoporphyrin synthesis, pentose pathways and TPN (or DPN, depending on your mood), as well as countless other exciting concepts. Biochemistry lab experiments were conducted with finesse, according to the careful scientific methods of B. Crocker, PhD.

**N**ow, rip the wires out of your table lamp and apply the frayed ends to your forearm, leaving the plug firmly seated in the socket. If you were a subject of the physiology experiments on electrical stimulation of muscles, you will recall instantly the principles involved. If you missed that experiment, try standing on your head to relive the joys of the tilt table. Dr. "Freddy" (Do

you know his real first name?) Friedman, with excellent help from Drs. Azerinsky and Mackowiak teamed up with a good text by Guyton to teach us what all that gross anatomy did before it wound up on the dissection table.

About midway through renal physiology, someone looked outside, quite by accident, I suppose, and discovered Spring. With Summer fast approaching, we made plans for vacations. The Penn Staters returned to University Park, while the rest of us had to decide between earning and learning. There was a multitude of available research positions that provided a miniscule amount of each.

That Fall, we returned to academic life, and though we may have missed marching bands, cheerleaders and intercollegiate football, the JRFC and house football helped vent our athletic ambitions. We graduated to a 100-pound, \$100 set of texts and ventured into microbiology and pathology. "Don't worry about what makes me sweat; worry about what makes you sweat" (September, 1967). Or, if you prefer: "I know all about everything that can go wrong with things; I just don't know the cure" (October, 1969).

**T**ake the Philly phone book, pick a page and memorize it. Easy, wasn't it? Of course, for anyone who can remember an epidemic of *Clonorchis sinensis* in a colony of Jews living in Shanghai in 1938 who ate improperly



prepared fish. In a well balanced program (e.g. three weeks on bacterial genetics and a half hour on Staph), we covered all the microorganisms known to be harmful to man. The examination procedures were as interesting as the didactic material, if not more so. Most of us remember the test in which a blank sheet of paper resulted in a zero, which was about the mid point in the bell-shaped curve, i.e. a passing grade. My personal favorite was the question on the ototoxicity of kanamycin. That bit of knowledge was presented by a guest lecturer who instructed the class not to take notes and then turned out the lights in McClellan Hall to be sure they wouldn't. Also warmly remembered by many of us is Dr. Smith's afternoon presentation of psitticosis. He spent 45 minutes in thoroughly covering the subject. He explained how the bedsonia enters the cell and within 8 to 30 hours produces large, round bodies .8 microns in diameter that then divide into small, round bodies .2 microns in diameter. It must have slipped his mind to mention that psitticosis is more commonly known as parrot fever. He made up for the oversight by putting the common name on the final exam.

Pathology was the most exacting course we had taken up to that point—and considering the lectures, handouts,

pictures, slide presentations, histopathology sessions, gross demonstrations and text material, it probably should be awarded the all-time record. But it was interesting. It was the study of human disease and that is, after all, why we came to Jefferson. The avalanche of material was force-fed by "Gonz," "Sarge," the loveable "Davey" and Dr. Paul Lewis (Does anybody know a nickname for Dr. Lewis?). The mimeographed sheets covered every conceivable pathologic process and syndrome, from arsenic inhalation to old lace intoxication, and back again. The entire set of mimeographed notes was equal in size to the first three volumes of the *Encyclopedia Britannica* and contained an average of 6,723 facts per pound. The posted pictures ranged from a welcome addendum of visual aids to an overwhelming burden of additional trivia, which, incidentally, led to a minor revolt during the second semester. ("I don't know why I did so poorly in the path exam. I attended all the lectures and studied the text thoroughly, but apparently there were these pictures posted somewhere.")

Afternoon pathology labs rounded out our study of this all-encompassing subject. The slide shows preceding the laboratory provided an opportunity for sleep or learning, whichever you preferred. After the midterm, it was all

downhill. At least it was downhill for those of us who made it past the midterm. We continued to get regular exposure to pathology and were introduced to neuropathology by Dr. Berry, whose voice and features were cut from granite. He led us gently through both the course and the test in that subject.

**Y**ou'll like this one. Visit the Locust Bar, order triple gin in orange juice and drink it quickly. You've just duplicated the most popular pharmacology lab experiment. Putting rings on bars or rolling a ball through a maze is optional this time through. Two more drinks like that and you may begin to understand the music coming from the jukebox.

The alcohol experiment, as well as the lectures on the subject, were presided over by Dr. Kraatz. Every class has its favorite, and for many reasons he was our's. He presented the material in a nicely organized fashion, complete with concise mimeographed outlines. His policy of interspersing lecture material with jokes was a result of his concern that "if the class is getting bored, maybe I'm doing something wrong." His attitude was appreciated.

Dr. Hodges' course in clinical laboratory medicine exposed us not only to hematomas and blood-stained shirts (and blouses), but to Drs. Rupp and

Lest anyone think the four years was nothing but a grind . . .





Kowlessar. ("You really don't have to know it this year, but if you don't know it by next year, it will be your hide.")

With our new black bags (value, \$5—cost, nothing) and new ophthalmoscopes (value, \$25—cost, \$110 at Beeber's, plus an extra charge if you wanted to keep the spare bulbs that are supposed to come with it) we were palmed off to various hospitals and wards for our introduction to THE PATIENT. Our experiences were varied but generally useful and sometimes hilarious: "I put my finger in and there at the tip of my finger was a good-sized, round, hard mass. Well, I had never felt anything like this on any of the rectal exams I had done so I immediately called the instructor." We were taught to look, listen, feel, thump, poke and probe in our search for the diagnosis. We also became experts at the art of taking past medical history, social history and family history from comatose patients.

At this point, we began to worry a little about National Boards, but with two years' experience with A, ABC, AC, BD, All or None, we were well prepared to do battle with the NB of ME. That accomplished, two years down and two (we couldn't believe it), to go, we enjoyed our last Summer vacation. That Summer the ground shook, the sky darkened and Jefferson opened not one but two (count 'em) new buildings—and best of all, they were both for students. Jeff Hall opened first, in early July, just in time for the swimming pool to take some of the edge off the Philadelphia Summer. The basketball courts, billiard room and TV room quickly found substantial following among the students. Orlowitz opened at the end of the Summer, almost in time for the incoming freshmen. Together, the buildings have created a cohesiveness and collegiate atmosphere heretofore unknown at Jefferson. Jeff Hall has enlivened social activities, providing a scene for TGIF parties, coffee hours and a film festival,

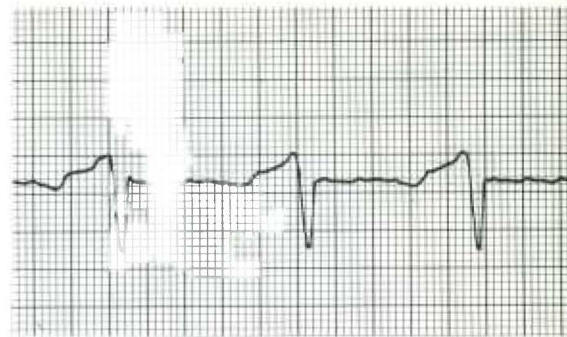
as well as a host of other activities. Orlowitz has provided a *cause celebre* for its occupants.

We returned that September and began a succession of dizzying rotations during our junior year. For most of us, hungry for clinical experience, the elective block was the least desirable way to begin the year. A quarter of us had to do it, however, so we made the best of it. At least we thought we were assured of working with our friends, after dividing ourselves into groups of 8, 10, 12 or some such number. The schedule, as it turned out, was determined completely by chance and no one knows what became of the groups. Chance made for strange bed-fellows and complaints that "I sure didn't sign up to work with those clods."

Psychiatry turned out to be one of the most pleasant experiences of the year, although we would not have guessed this beforehand from our experience in the first two years with introductory courses. The psychiatry clerkship gave us the opportunity to actually see mental diseases with unique and identifiable symptoms and specific modes of therapy. We were assigned patients and given ample opportunity to examine them and to discuss our findings. With a little manipulation ("I'll trade you a manic depressive for an alcoholic") we were able to gain experience with a broad spectrum of psychiatric illness. We also had plenty of time to read and study; we worked banker's hours.

Surgery more than made up for the leisurely approach to learning in psychiatry. There was time for roughly four hours of sleep each day; the rest of the day was spent on duty. "These surgeons think that if they make early rounds at 5:30, begin to operate at 7:30, stay in the O.R. until 4:30 (when they break for lunch), then work up new patients and deliver post-op care until midnight, no one will discover how dumb they really are."

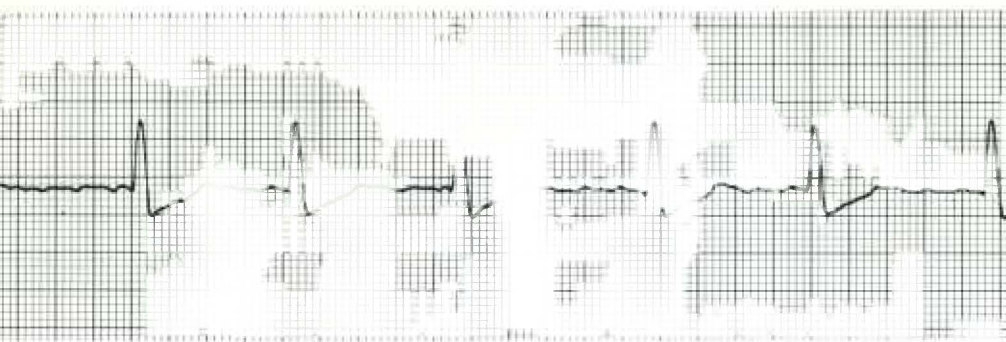
While that harsh comment was made



by a student after many sleepless hours, and may not reflect the feelings of the majority of the class, the physically taxing regimen of the surgery rotation discouraged not a few budding DeBakeys. We started IVs, scrubbed and re-scrubbed, held retractors, wrote post-op notes, wheeled patients to the recovery room, where we restarted the IVs and then began all over again. We drew bloods, drew Lee-Whites, inserted Foleys and if lucky did minor procedures. We filled out x-ray requests, lab chits and permission slips. We worked as nurses, technicians and orderlies. The only thing we couldn't do was answer the phone. Mostly we were little wheels spinning under larger wheels, which were spinning under still larger wheels. Of course, there was the teaching: "Well, the urine output is . . . uh . . . uh . . . and the water lost in perspiration is . . . uh . . . uh . . . well what we do is give them two bottles of D5 in W and a half a bottle of PSS with a little KCl and some vitamins."

We also spent a week on neurosurgery and a week in the accident ward. The experience there was good, even though few of us got to see a true emergency. Dr. Keiserman's attitude that we could do as much or as little as we wished was greatly appreciated. There were wounds to be closed, injections to be given, sick babies to be seen (quite a challenge if you haven't had pediatrics yet) and anxious mothers to be calmed (quite a trick under any circumstances). There was a wide variety of experience to be gained as we learned to cope with a myriad of medical problems. One week there brought





me into contact with barbiturate intoxication, paroxysmal atrial tachycardia and the ubiquitous DOA.

Proceed to the nearest cafeteria. Help yourself to about five bowls of Jello and attempt to stack the Jello—not the bowls, just the Jello—one on the other. Another *deja vu*, right? Right. This is your feeling the first time you examine an infant, be it on OB or peds, whichever you took first. Most of us will remember our first night in the delivery room (that night freshman year didn't really count). The proceedings were dramatic, and our first delivery, the first one we did by ourselves, was a real milestone. OB clinic provided the unusual experience of having an office, desk and examining table for the use of the student—just like a “real” doctor. Some of the patients were memorable: “But I thought you could only get it after 15 times. I’ve been counting and it was only 12.” GYN was similar to OB. The night duty was the same, but there were the cancers to learn—eight different malignancies of the female reproductive tract with their stages and classifications.

Experience in pediatrics varied greatly, depending on where you took your block. Students at PGH saw an average of 15.7 runny noses and 12.8 scraped knees per clinic day. At Jeff, on the other side of the Schuylkill, students saw systemic lupus erythematosus, renal tubular acidosis and an assortment of congenital problems that defied medical science for name or remedy. At Jefferson, Dr. Soentgen instructed students in one of the best infant ICUs in the East. Drs. Carpenter and Kane were equally helpful both

in imparting esoteric knowledge and demonstrating a practical clinical approach. “I spent four weeks thinking Dr. Gottlieb was a resident,” one student commented. For most of us, the peds block was a brief and pleasant excursion into a field never to be visited again. It was marred only slightly by the exam at the end of the block. For those who took the block at one of the outlying hospitals (and thereby missed the fascinating lectures on coxsackie A and B), it may have been marred more than slightly by the exam.

“Midget medicine” was followed by the real thing, which seemed at times to be more like an exercise in penmanship than a clinical clerkship. Just imagine Dostoyevsky writing *The Brothers Karamozov* in longhand. No mean feat, but no worse, perhaps, than the junior medical write-ups we inscribed on 10 (count ‘em) pages of feculent brown paper. Many of us wondered why a machine could not be invented (or clerk assigned) to lift this burden from our shoulders. But after countless notations of “no dysuria, no nocturia, no pyuria, no hematuria, no . . . . .uria,” ad infinitum, along with 2001 other “pertinent” negatives, we generally agreed that junior medicine was what being a doctor is all about.

We were assured we had broken through the barrier between the preclinical and clinical years when the new crop of sophomore students began their physical diagnosis course on the wards where we were assigned. The break could not be complete, however, as long as we had scheduled lectures on Wednesday and Saturday mornings. Most of the lecturers rehashed the ma-

terial we had learned in pathology or clinical lab, so the habit of skipping lectures was easily established (a habit often begun the morning after you spent the night with a sick patient). Thereafter, it was difficult to resume the status of note-taker. The official lecture attendance record was 62.5 percent—a figure compiled by a student sitting in the first row with the initials O/C. Of course, attendance figures for the preventive medicine course were not included, since they would produce an extreme skewness to the left (along with boredom, malaise and occasional nausea).

The junior elective block was a rewarding experience for most of the class. The opportunities were almost unlimited. There was a wide choice of both clinical and research experience, as well as the chance for world travel and even financial reward.

Lest in a future year a young cynic with a jaundiced eye read this and proclaim that his old man (or lady) was a grind alone, let me record here for posterity that the class of '70 was not only alive and breathing but taking a great deal of pleasure in the other enjoyments of human existence. We delighted in beer parties, bridge games, athletic contests and a variety of individual cultural and recreation activities (Philadelphia does have the Spectrum, the Academy and some legitimate theater). With our new social status of “future doctor” we found we were ir-

“We practice acute medicine.”





resistable to every coed and student nurse within 50 miles—as evidenced by open frat parties that can be described only as wall-to-wall girls with hope in their eyes. We were married in unprecedented numbers and our blessed events caused a noticeable strain on the obstetricians who offered us professional courtesy.

Senior year was similar to our junior experience, but with a difference—oh, boy, what a difference. With clinical experience and knowledge under our belts, we eagerly undertook responsibility for patient care. In senior medicine, we were given an opportunity to act as interns, and with the help of attendings who cooperated with the change in policy we were, indeed, physicians. We followed our 12 weeks of junior inpatient medicine with six weeks of senior inpatient medicine (medical clinic experience having been lost to our class in the shuffle of schedules to accommodate the new curriculum). The other six weeks of senior medicine were spent in the subspecialties of dermatology, preventive medicine and neurosurgery (neurosurgery? . . . a medical subspecialty?)

Senior surgery gave us a fleeting glimpse of the subspecialties we had missed and another round of holding retractors and starting IVs. The more aggressive among us and especially those interested in surgery managed to gain some invaluable front-line experience at some of the outlying hospitals. The senior elective block gave us another chance to diversify or specialize as we saw fit.

With noticeably mounting excitement we approached this magic month—June, 1970. Our internships are decided (this was the major decision of the past year), our graduation pictures have been taken and the National Boards are passed (?). All that remains is the reception of our diplomas. This should be old hat to us by now—after all the graduations we've been through. However, there's something different about our Jefferson degree—those two important letters, M.D.





**STEPHEN EDWARD ABRAM**  
**Cleveland, Ohio**

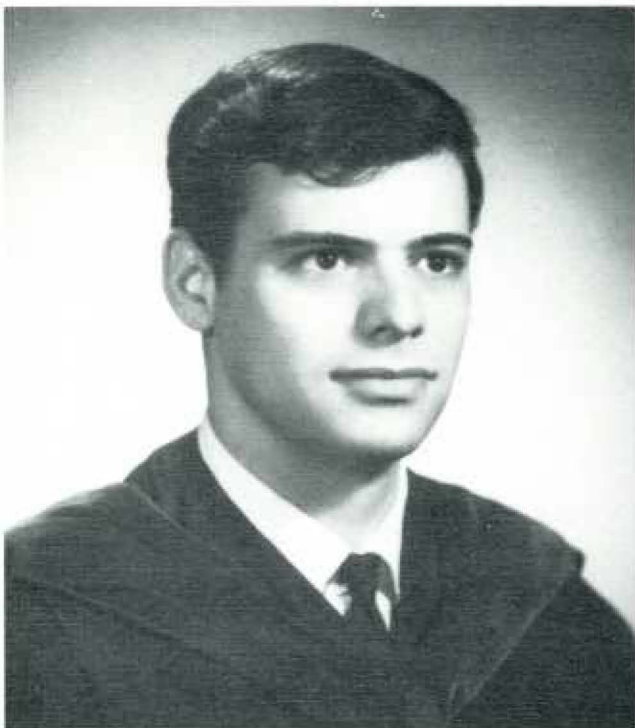
DARTMOUTH COLLEGE, A.B. 1966

*Alpha Kappa Kappa*

Hare Society, vice president; Alpha Omega Alpha

Married Pamela Cutler, 1967

*Anesthesiology*



**ARLENE JOAN ANDERSON**  
**Newtown Square, Pa.**

URSINUS COLLEGE, B.S. 1960

Hare Society, secretary; Alpha Omega Alpha

Married Merrill A. Anderson

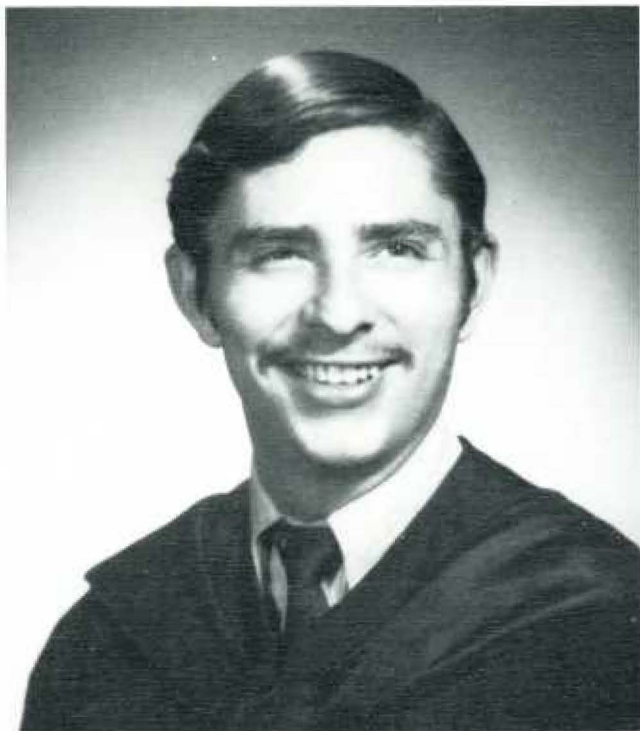
*Internal Medicine*





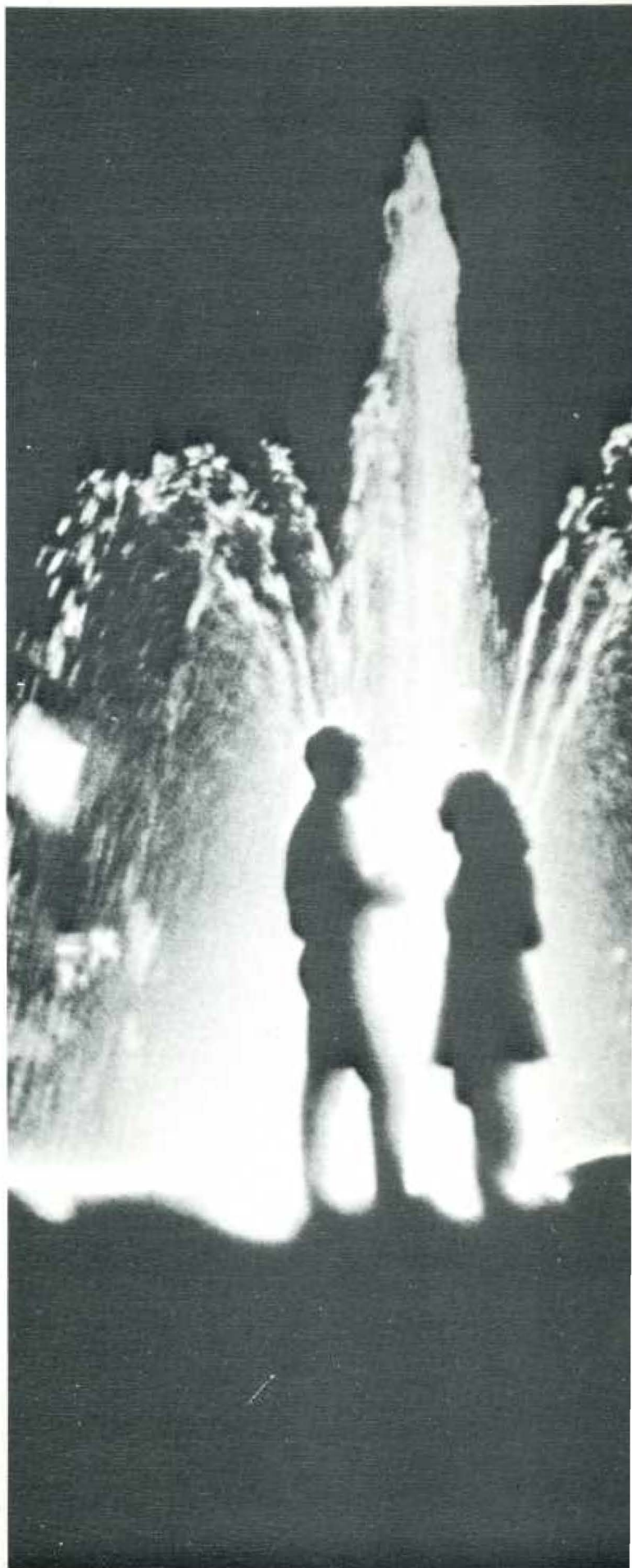
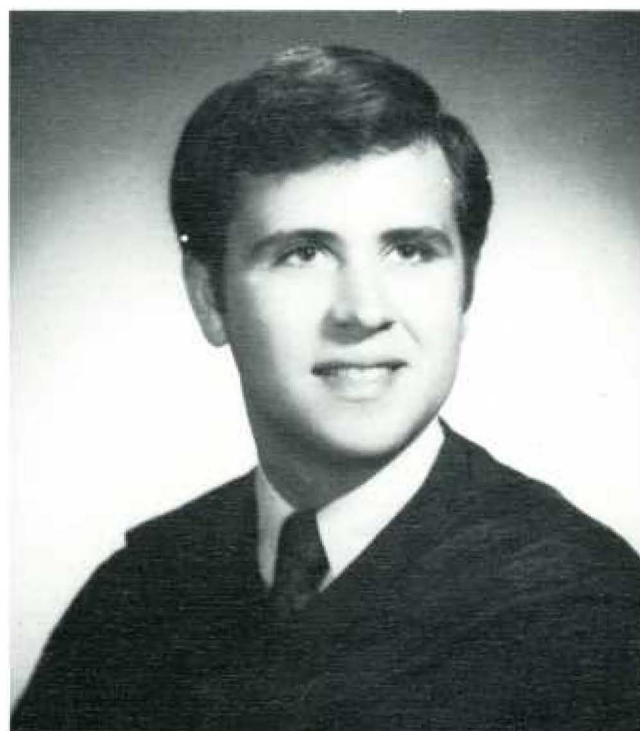
**GEORGE W. ANSTADT**  
Allenwood, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S.  
*Phi Alpha Sigma, treasurer*  
Kappa Beta Phi, Student Council



**JOHN A. AZZATO**  
Philadelphia

ST. JOSEPH'S COLLEGE, B.S. 1966  
SAMA, Orthopedics Society  
*Orthopedics*

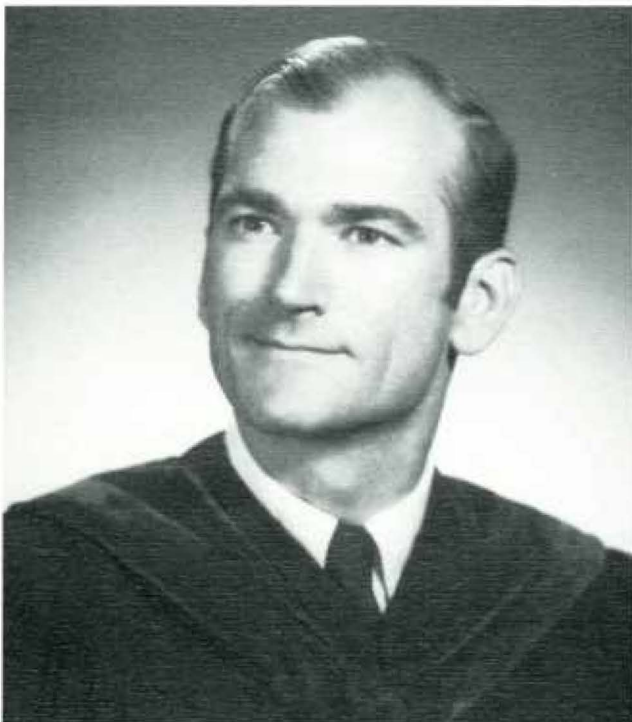






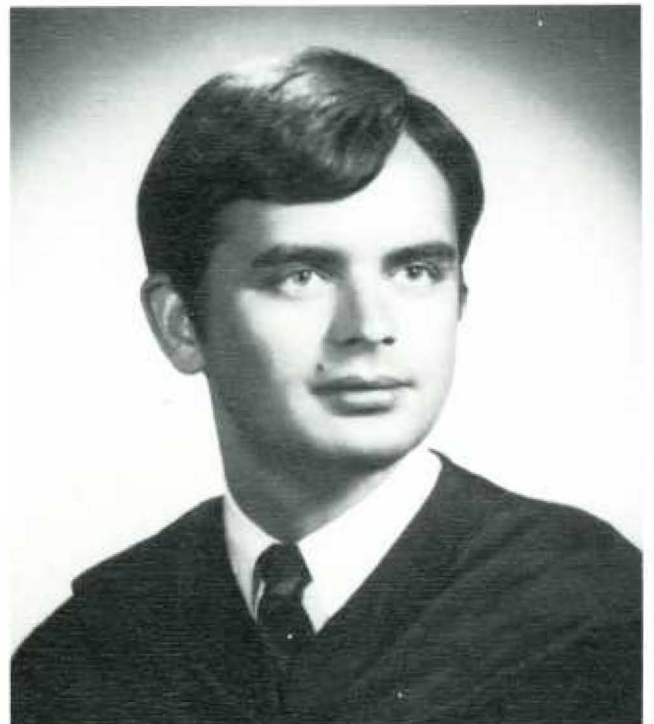
**WILLIAM JOSEPH BAINBRIDGE**  
Paoli, Pa.

COLBY COLLEGE, B.S. 1961  
Married Mary Lou Harrahill, 1961  
*Family Practice*



**EDWARD JOHN BARYLAK**  
Philadelphia

ST. JOSEPH'S COLLEGE, B.S. 1966  
Dean's Committee; Health Professions Scholarship; SAMA,  
president; SAMA-AMA National Committee on Medical  
Education, chairman; Cardiovascular Committee; Hare  
Society; Pediatrics Society; ASCG Convention, represen-  
tative; Alpha Omega Alpha  
*Internal Medicine*





# HOME OF Schmidt's BEER AND ALE

**THOMAS L. BAXTER, III**  
Lower Burrell, Pa.

ALLEGHENY COLLEGE, B.S. 1966  
*Theta Kappa Psi, secretary, vice president*  
Curriculum Committee for Cardiovascular Diseases  
Married Rosemary Anne Foy, 1969  
*Internal Medicine*

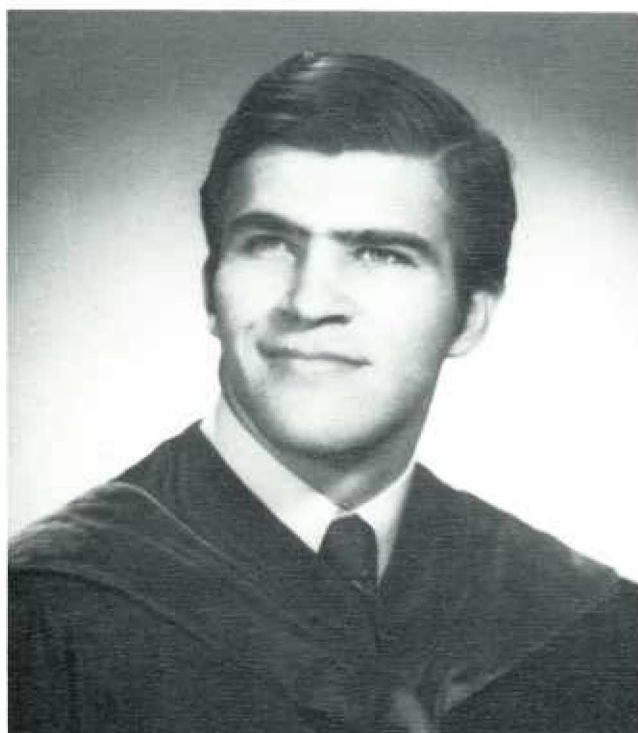


**BRUCE ALAN BERGER**  
Philadelphia

UNIVERSITY OF PENNSYLVANIA, A.B. 1966  
*Phi Chi*  
Sims Society, treasurer  
Married Annice Adelman  
*Obstetrics & Gynecology*

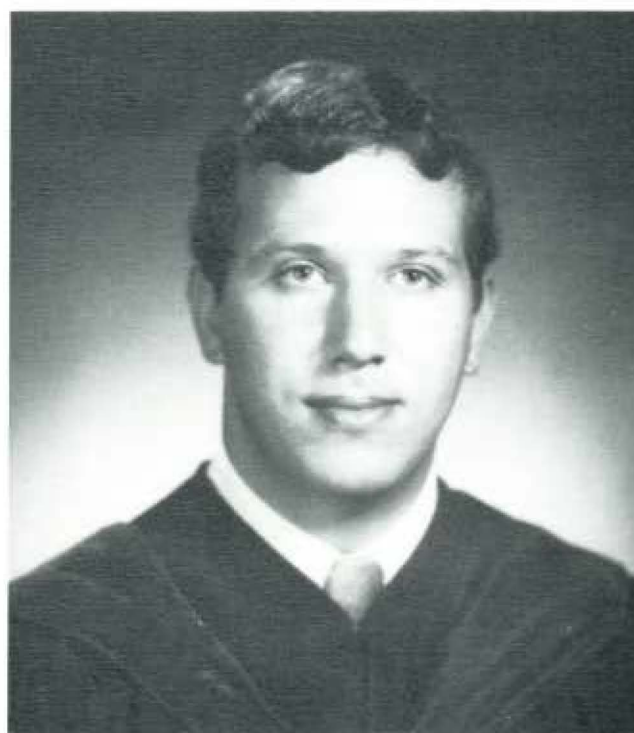






**LAWRENCE F. BERLEY**  
Media, Pa.

WESLEYAN UNIVERSITY, B.A.  
TEMPLE UNIVERSITY, M.S.



**RICHARD LOUIS BERNINI**  
Allentown, Pa.

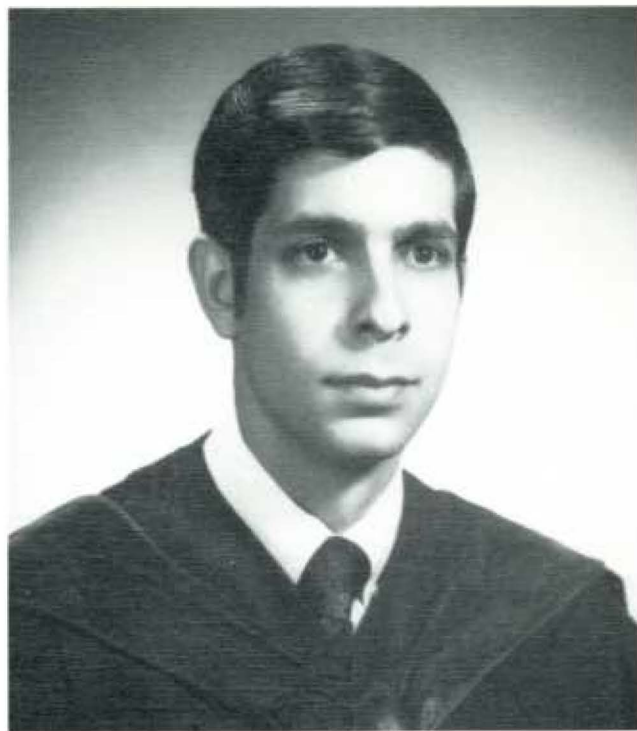
CATHOLIC UNIVERSITY, A.B. 1966  
*Nu Sigma Nu*  
Married Anne Lautenbacher, 1967  
*Pediatric Surgery*





**GERALD STUART BESSE**  
Philadelphia

MUHLENBERG COLLEGE, B.S. 1964  
Student Medical Forum, program director; Curriculum Committee; Faculty Committee on Supporting Facilities  
Married Ona D. Kalstein, 1965  
*Internal Medicine*



**DAVID BIDDLE**  
Cheltenham, Pa.

LaSALLE COLLEGE, B.A. 1966  
Hare Society, Sims Society, secretary  
*Obstetrics & Gynecology*







**BARBARA BLOFSTEIN**  
Philadelphia

UNIVERSITY OF PENNSYLVANIA, A.B. 1966  
Student Health Organization, Curriculum Committee  
*Psychiatry*



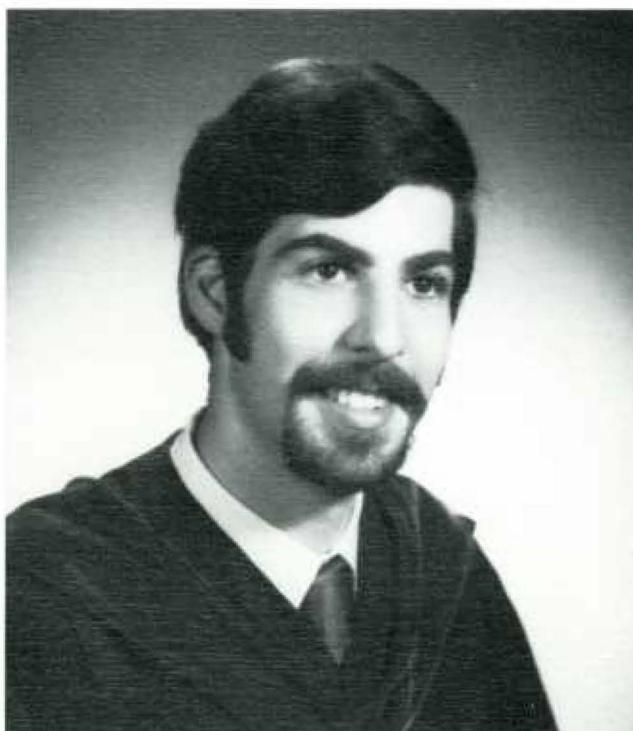
**WILLIAM DAVID BLOOMER**  
Rosemont, Pa.

UNIVERSITY OF PENNSYLVANIA, A.B. 1966  
*Alpha Kappa Kappa*  
SAMA, Pediatrics Society  
*Radiology*

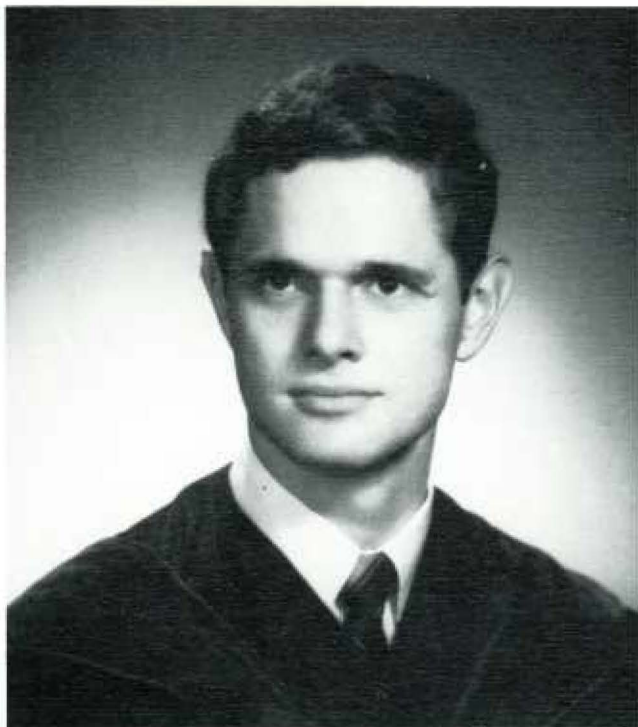
**RONALD IRA BLUM**  
Reading, Pa.

ALBRIGHT COLLEGE, B.S. 1966  
*Phi Chi*

Student Council; Student Council Curriculum Committee, cochairman; Faculty Curriculum Committee, subcommittee on medicine and society; Dean's Task Force on Counseling; Student Medical Forum; SAMA, vice president; Student Health Organization; Committee on Black Admissions; MCHR  
*Family Practice and Community Medicine*

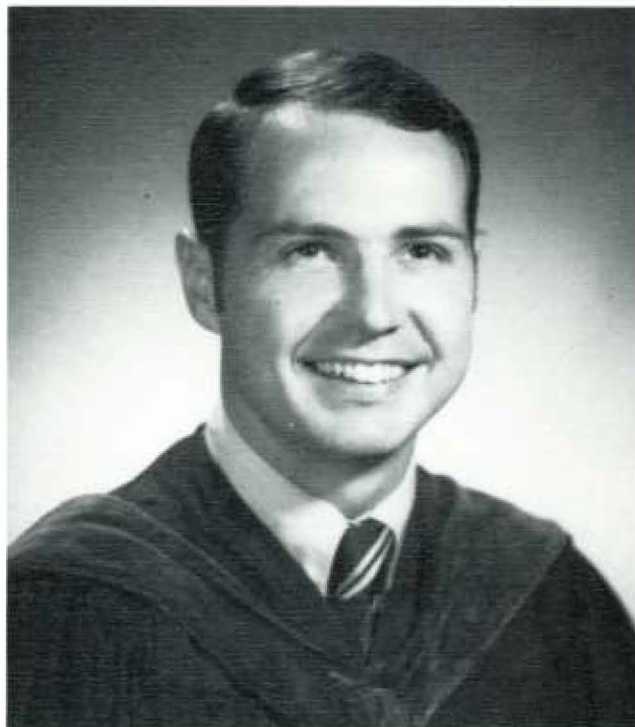






**EDWARD B. BOWER**  
Wyomissing, Pa.

BUCKNELL UNIVERSITY, B.S. 1964  
*Alpha Kappa Kappa*  
Married Angela Thomas, 1966  
*Surgery*

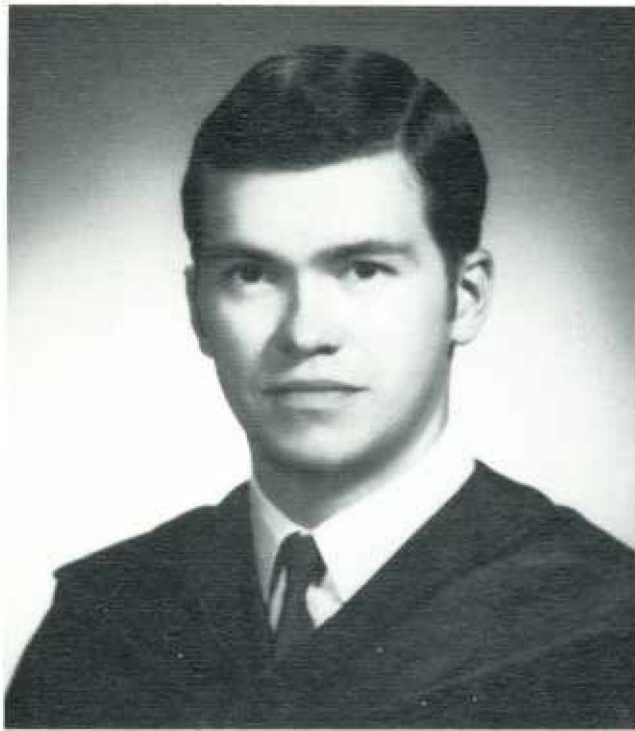


**JOHN WILLIAM BRECKENRIDGE**  
Jenkintown, Pa.

GEORGETOWN UNIVERSITY, B.S.  
*Alpha Omega Alpha, Hare Society*  
Married Taffy Martin, 1969  
*Radiology*

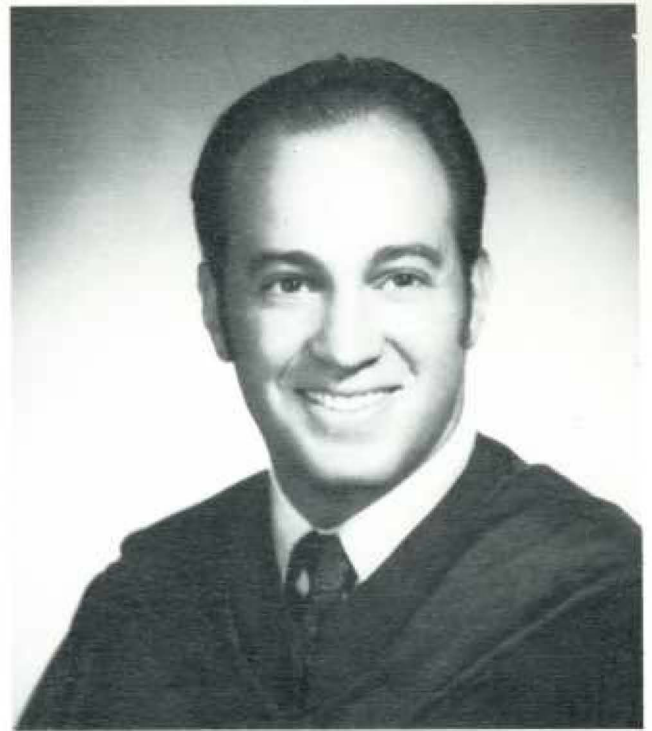






**JOSEPH ALOYSIUS BRESLIN, JR.**  
Drexel, Hill, Pa.

ST. JOSEPH'S COLLEGE, B.S.  
*Alpha Kappa Kappa*  
Married Trudy Mc Sorley, 1969  
*Surgery*



**HARVEY NEIL BROWN**  
Woodbury, N.Y.

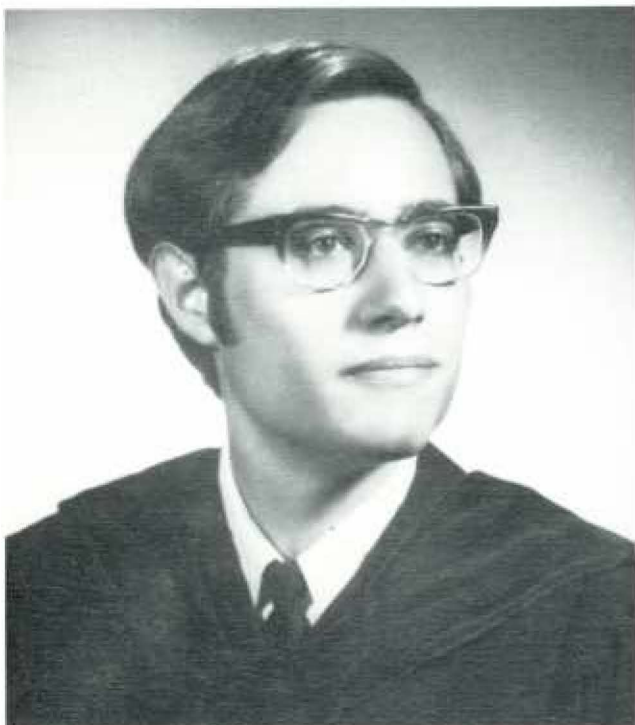
UNIVERSITY OF VERMONT, B.A. 1966  
Married Andrea Schrank, 1967  
*Obstetrics & Gynecology*

**ROBERT J. CACCHIONE**  
Springfield, Pa.

ST. JOSEPH'S COLLEGE, B.S. 1966  
Student Medical Forum  
*Psychiatry*

**JOHN WINSLOW CARLTON**  
Gladwyne, Pa.

UNIVERSITY OF VIRGINIA, B.A. 1965  
*Alpha Kappa Kappa*  
Sims Society, Pathology Prize (honorable mention), Alpha  
Omega Alpha  
Married Leslie Neal, 1966  
*Obstetrics & Gynecology*

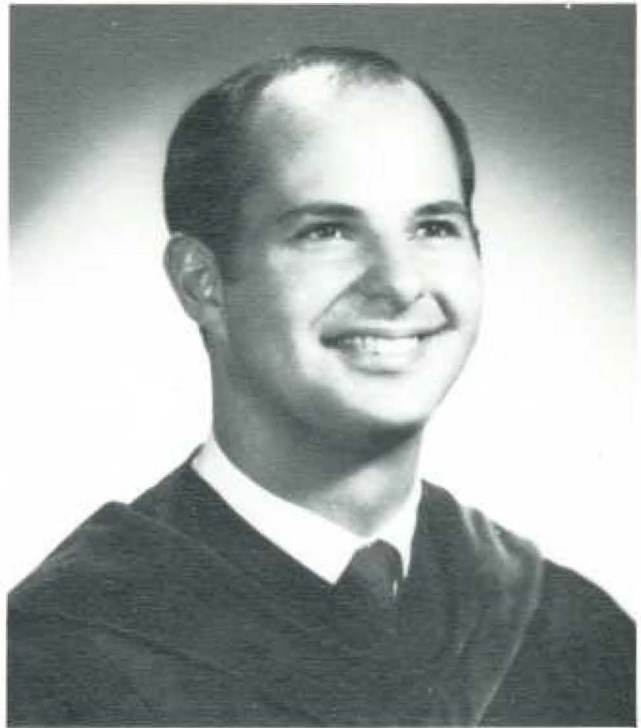






**JAMES BYRON CARTY, JR.**  
Bryn Mawr, Pa.

DUKE UNIVERSITY, A.B. 1966  
*Alpha Kappa Kappa*  
Obstetrics & Gynecology Prize

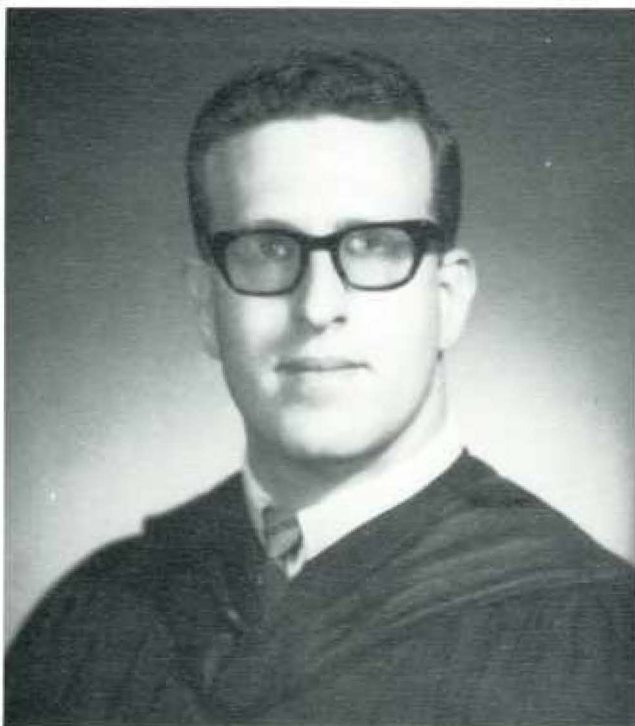


**LEONARD JOHN CERULLO**  
Hazleton, Pa.

GEORGETOWN UNIVERSITY, A.B.  
*Phi Alpha Sigma*, rush chairman  
Student Council, Clinic (1967-68)

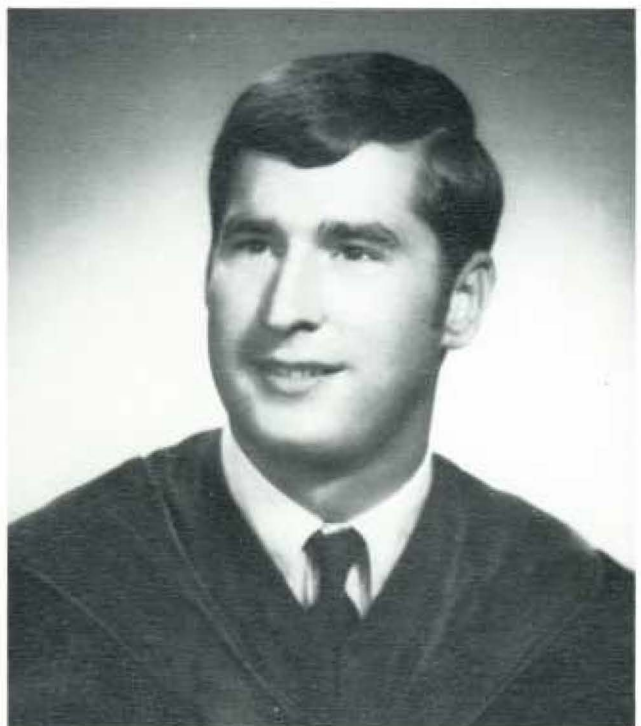
**RICHARD HOWARD CHARNEY**  
Philadelphia

TRINITY COLLEGE, B.S. 1967  
*Phi Alpha Sigma*  
Married Susan Rene Hersh, 1968



**MICHAEL CLANCY**  
Philadelphia

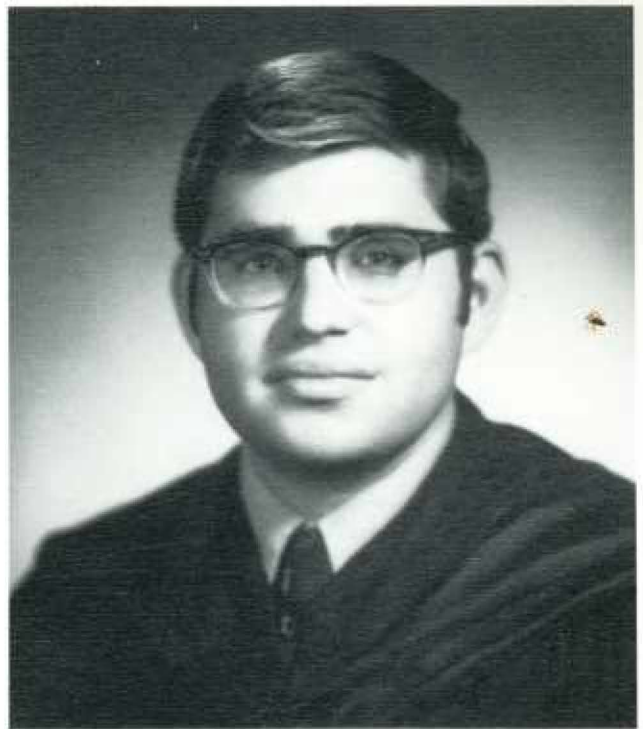
LEHIGH UNIVERSITY, B.A. 1966  
Married Rosemary C. Baraldi, 1966  
*Orthopedics*







# EMERGENCIES

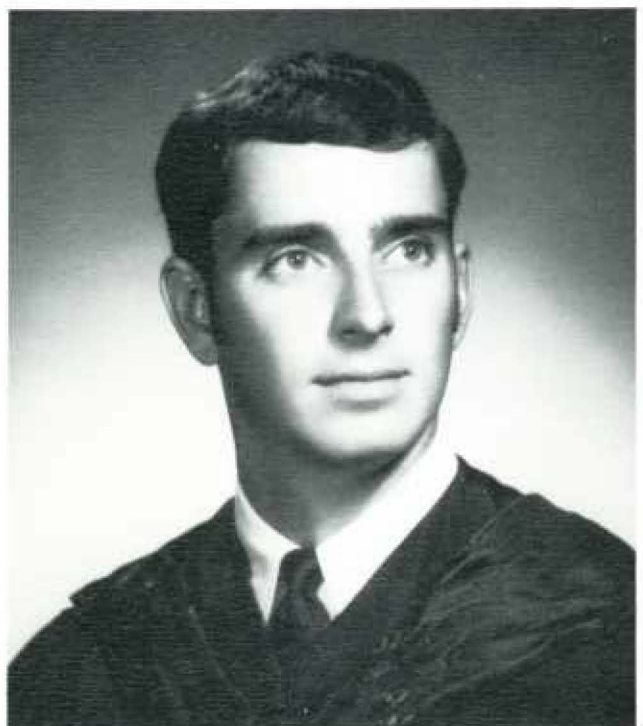


**LARRY STEVEN COHEN**  
**Philadelphia**

UNIVERSITY OF PENNSYLVANIA, A.B. 1966  
Sims Society, Alpha Omega Alpha  
*Family Practice*

**JOSEPH ALBERT COMFORT, JR.**  
**Haddonfield, N.J.**

DUKE UNIVERSITY, B.A.  
*Alpha Omega Alpha*





## a student leader's viewpoint

Dick Nemiroff actively represents the class of 1970. His classmates have chosen him three times to be their president. He serves on a score of student, administrative and joint committees, acting as a link between the class and the rest of Thomas Jefferson University. From this vantage point, he has been able to observe developments at Jefferson over the past four years—and he is favorably impressed. He also sees the need for continued changes and reforms.

"As true university stature becomes a reality for Jefferson," he observed in an interview with *The Clinic*, "there will be a corresponding responsibility for modern management, just as at any other large university." He points to the burgeoning physical plant as "solid evidence that the people in charge are not adynamic." However, this growth in size, he feels, is the major factor that dictates more aggressive fiscal management. "Jefferson is too big now to have autonomous departments. It can't be run like a proprietary hospital. All costs must be justified. For instance, it costs \$600,000 a year to operate the student commons. This should be budgeted each year, the source of the money determined and the spending justified. You can't just put all the income in a big pot and dip in there every time you need to pay a bill."

Why are the institution's management practices of concern to students? Dick believes that "if Jefferson were run like a big, corporate university" more funds would be available to offer attractive salaries to full-time faculty members. "They should want to teach at Jefferson partly because of the salary—not in spite of it," he says. While he hesitates to recommend any specific fiscal reforms, Dick believes a program of soliciting more tax-deductible contributions from private physicians practicing in the university hospital might be helpful. "After a certain point, such a large percentage of income is taken by taxes, it could be advantageous for many of these men to contribute." More important sources of funds, Dick

points out, are federal, state and municipal grants, as well as private foundation gifts, which must be solicited with increasing aggressiveness. To do this effectively, he notes, "you must have proper accounting, budgeting and other management practices that will provide you the evidence to support your application."

Dick expects these changes to be made "as Jefferson matures once again in its new role." He also expects to see changes in the role of the board of trustees. "They will have to come forward and speak as the visible policy-making body of the institution. They can no longer be an august group hovering in the background." Among the changes in the board, he predicts, will be the addition of younger members—"perhaps someone as young as 35"—in the next few years. This will allow the board better interrelations with the faculty, administration and students, he says.

While many of the improvements have been and will be initiated by the administration and the board, Dick stresses that the faculty and students have contributed much to the advancement of the institution. He has been especially close to student accomplishments over the past four years and discusses them with enthusiasm. Among the most important, he says, was "the revitalization of the Student Council," which he says has become more representative of the overall student body. There has also been a change in grading, with institution of a simple pass-fail system for electives. "This was done at student request," Dick says. He also notes that his class prevailed on several departments to cancel examinations at the end of the third year because they had given major examinations during the year. "This will be carried on as part of our legacy," he remarked. Particularly pleasing to Dick is that "our class has a pretty good social conscience." He points out that many class members were instrumental in pressing for increased admission of minority and disadvantaged students.



Dick Nemiroff

"Now Brent Spears is carrying the ball even further," he added. (Spears, who was in the class of 1970, has taken a year's leave of absence to act as executive director of a citywide community project, which will help and guide disadvantaged students, who can then be given "selected consideration" by the city's medical schools.)

Another area of student accomplishment, Dick says, is in curriculum changes. "Our class bore the brunt of the new curriculum. Changes were made on the basis of how it worked for us." He credits Ron Blum and the Student-Faculty Curriculum Committee for "making teaching time more beneficial." Helpful, of course, is that "the faculty is very receptive to ideas for change . . . though sometimes they are sluggish in implementing them."

The culmination of the accomplishments, disappointments and experiences of the past four years lies just ahead for the class of 1970, as Dick points out: "We're all wondering whether we've got what it takes. Undoubtedly we have, but that's natural for senior medical students. The test comes, of course, during internship. That's what's on everyone's mind right now."

Dick plans to follow his internship with a residency in ophthalmology or OB-GYN. In both fields, he says, "there's a lot of patient contact, continuing patient care and a fair amount of surgery." His main desire is that practice "will give me as much satisfaction as it gives my father." He describes his dad as "a real family doctor—house calls included."



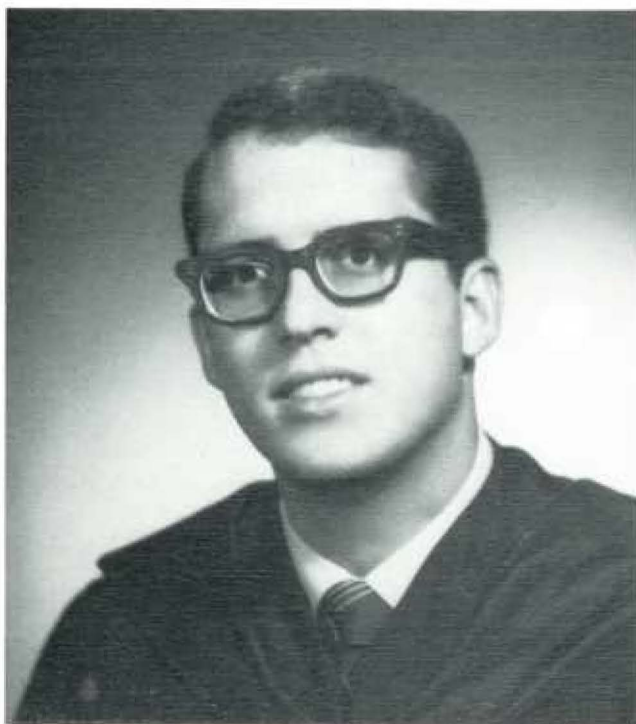


**THOMAS ROWAN CONNELLY**  
Fayette City, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1966  
*Phi Alpha Sigma*  
Freshman Class President; Student Council, vice president (1967-68), president (1968-70); Kappa Beta Phi, vice president; Dean's Committee  
Married Margaret Ann Domenico

**ROBERT WALTER COX**  
Easton, Md.

BROWN UNIVERSITY, B.A. 1966  
*Theta Kappa Psi*  
SAMA, Student Council  
Married Carolyn Elizabeth Morris, 1967  
*Surgery*



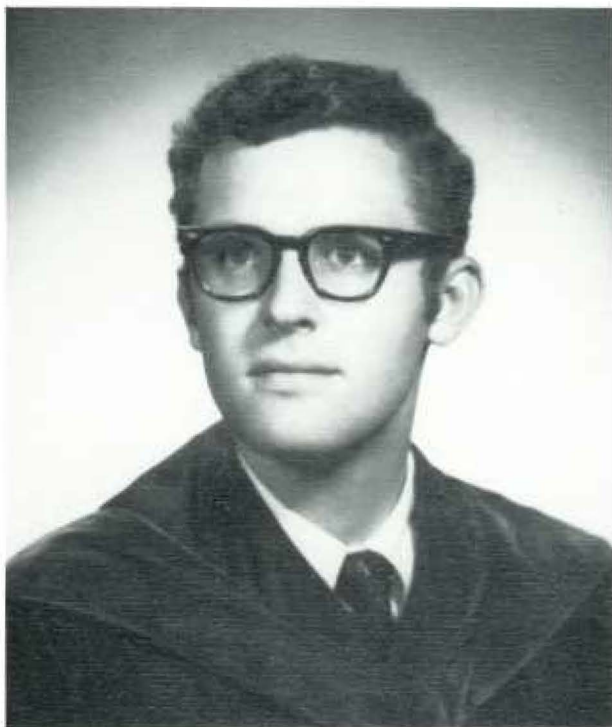


# EASTBOUND LINDENWOLD



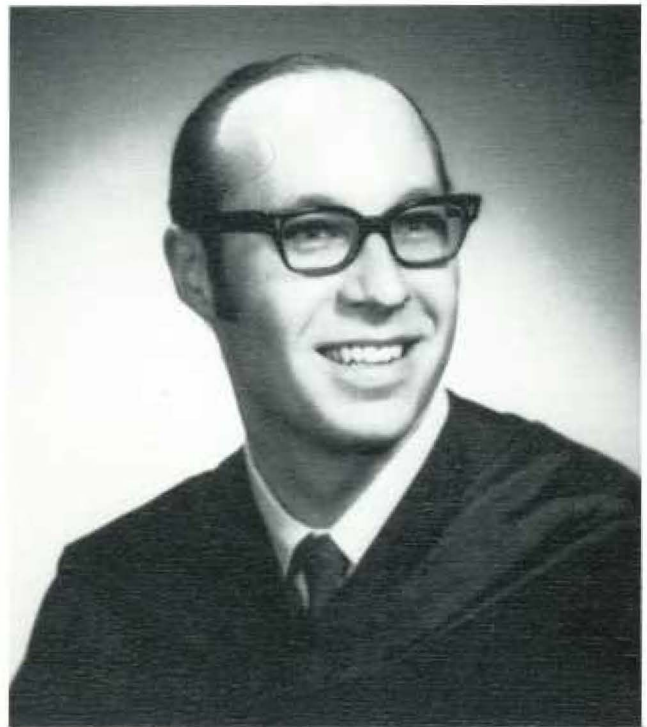
## **RICHARD DRAKE DAVENPORT** **Evanston, Ill.**

DUKE UNIVERSITY, B.A. 1966  
*Alpha Kappa Kappa*  
Hare Society, Alpha Omega Alpha  
Married Nancy Morgan, 1966  
*Ophthalmology*

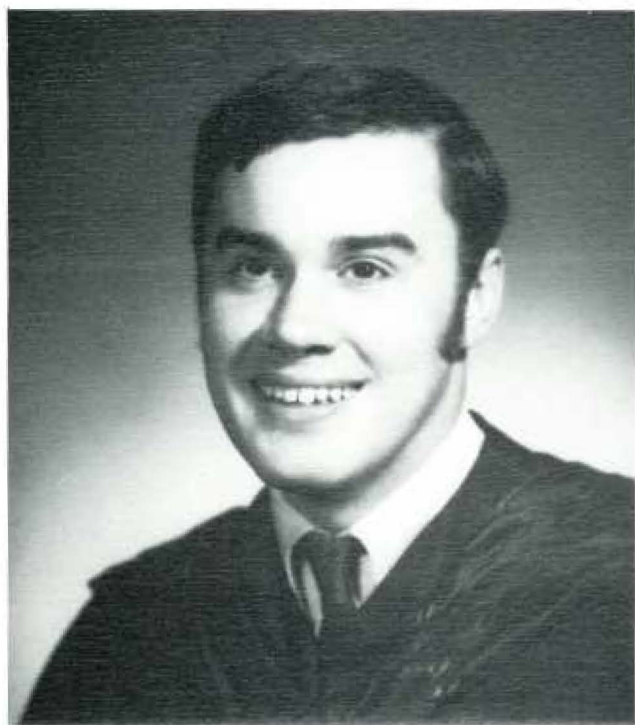
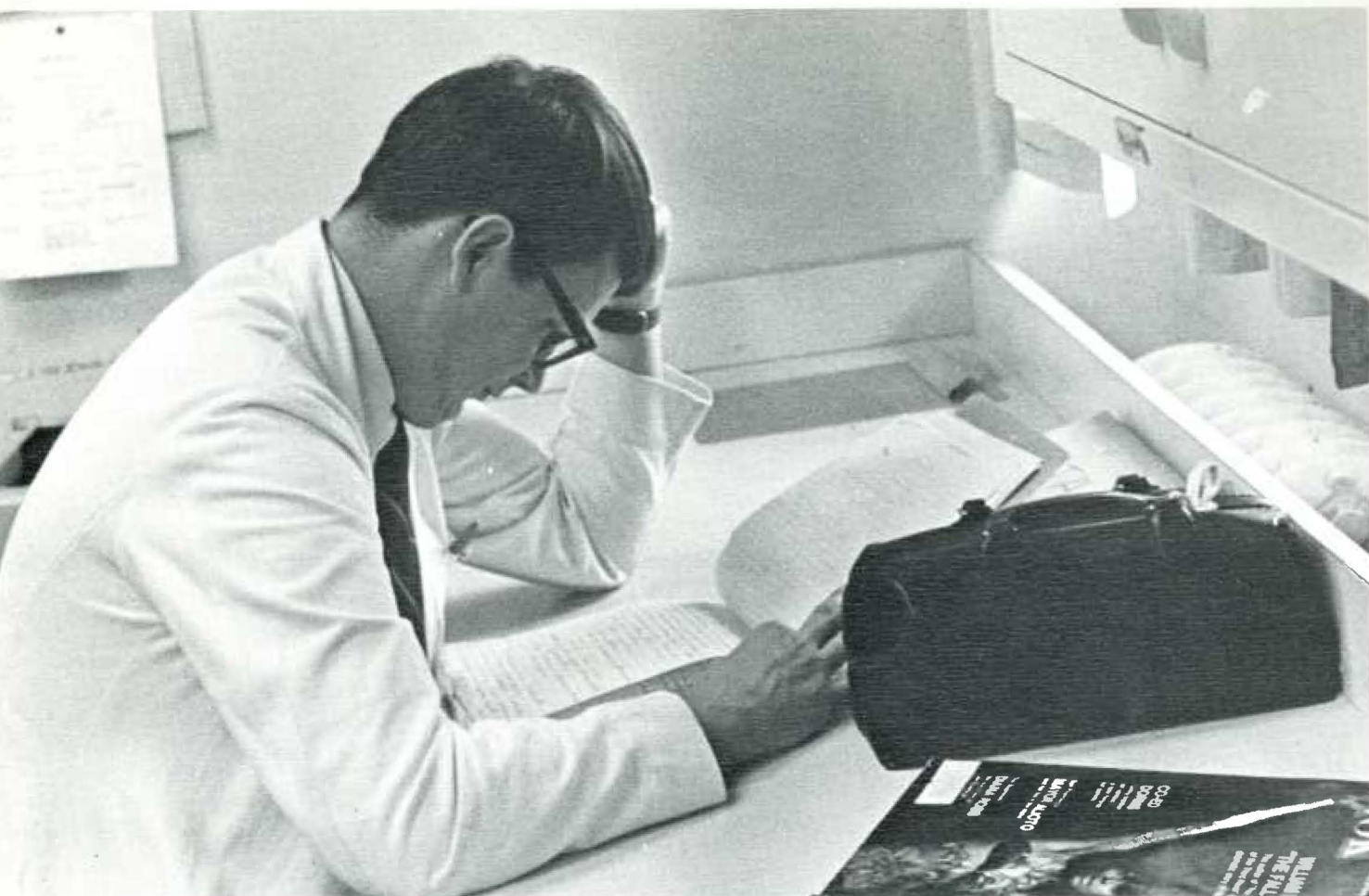


## **ALLEN BERNARD DAVIS** **Rego Park, N.Y.**

BOSTON UNIVERSITY, A.B. 1966  
*Nu Sigma Nu, steward*  
Senior Portrait Committee, chairman; Sims Society  
*Surgery*

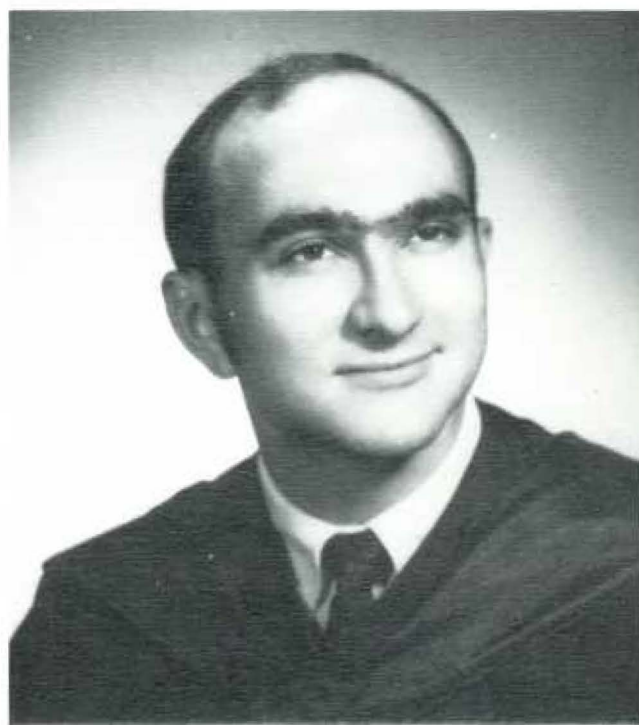






**THOMAS J. DEVERS**  
Ardmore, Pa.

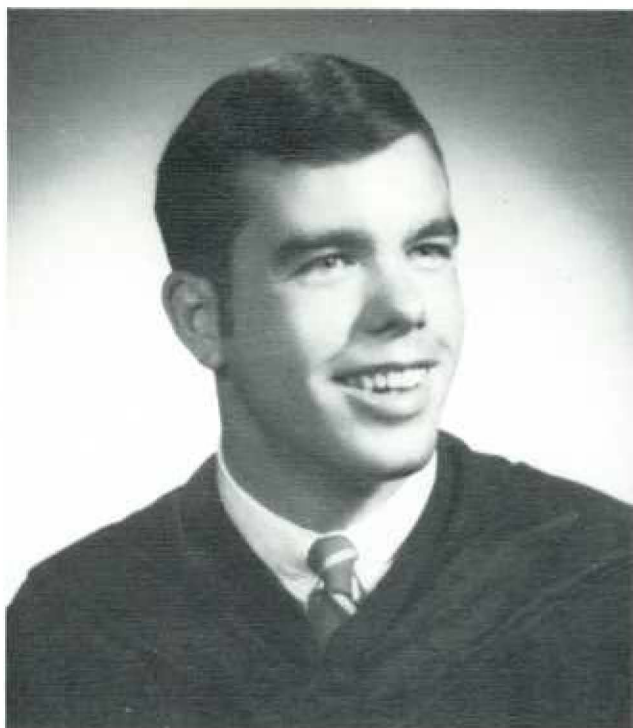
ST. BONAVENTURE UNIVERSITY, B.S. 1965  
*Alpha Kappa Kappa*  
Rugby Club  
Married Claudia Baum, 1969  
*Internal Medicine*



**JOHN F. DMOCHOWSKI**  
Riverside, N.J.

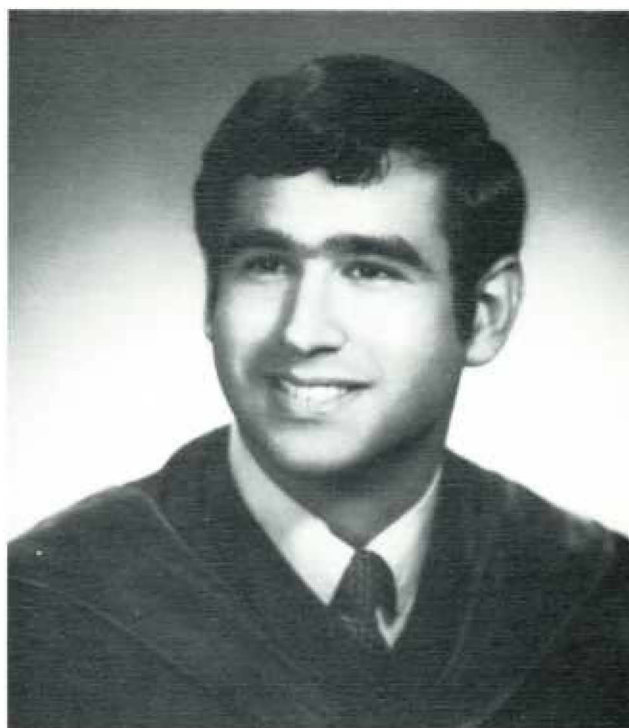
ST. JOSEPH'S COLLEGE  
*Alpha Kappa Kappa, Phi Alpha Sigma*  
Kappa Beta Phi, secretary; Rugby Club  
*Family Medicine—Internal Medicine*





**PAUL HOWARD DOUGLASS**  
Philadelphia

ALBRIGHT COLLEGE, B.S. 1966  
*Phi Delta Epsilon, recording secretary (1967-68), rush chairman (1967), president (1968-69), service scholarship award (1969), delegate to national convention (1969)*  
 Commons Cultural Committee; Alpha Phi Omega, service representative  
*Family Medicine or Obstetrics & Gynecology*



**JAMES HOWARD DOVNARSKY**  
Harrisburg, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Alpha Sigma*  
 Sims Society  
*Internal Medicine*

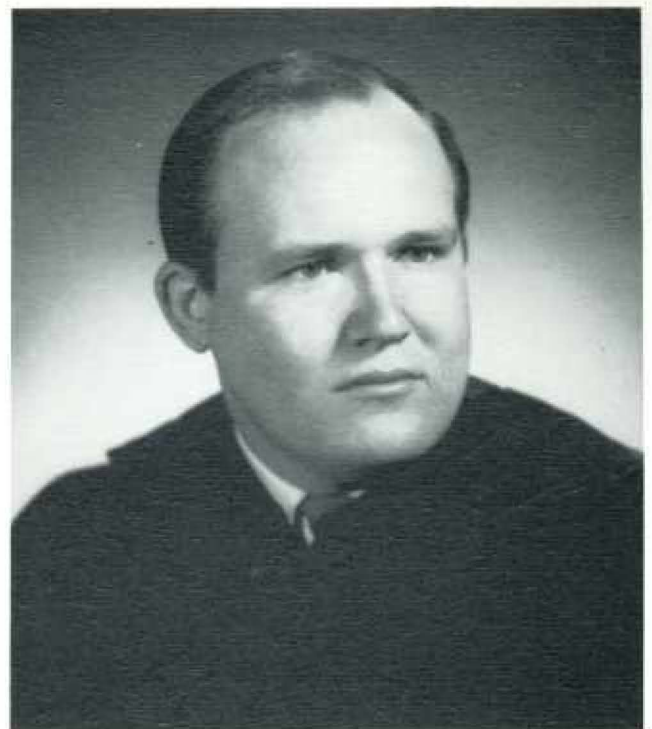






**MICHAEL DAVID ELLIS**  
St. Davids, Pa.

UNIVERSITY OF PENNSYLVANIA, A.B. 1966  
*Alpha Kappa Kappa*  
Sims Society  
Married Carol Winburn, 1965  
*Obstetrics & Gynecology*



**MICHAEL KEVIN FARRELL**  
Philadelphia

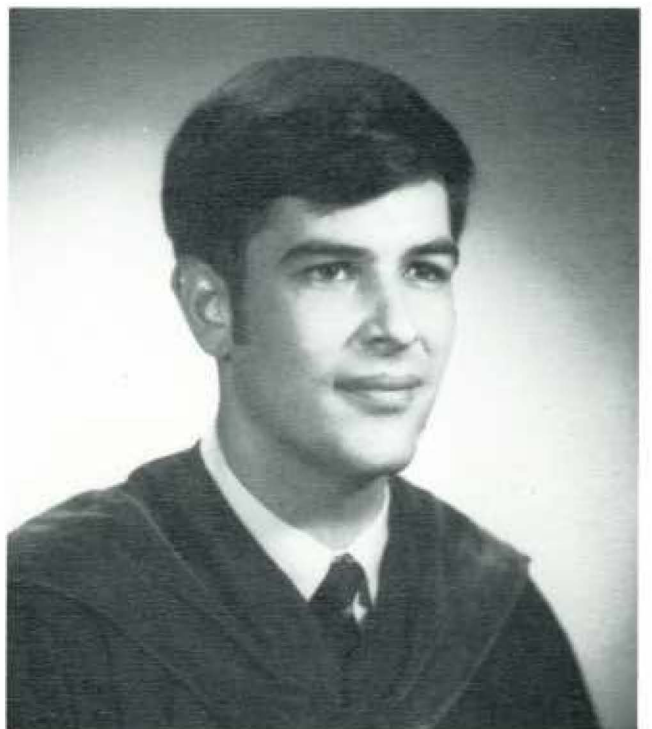
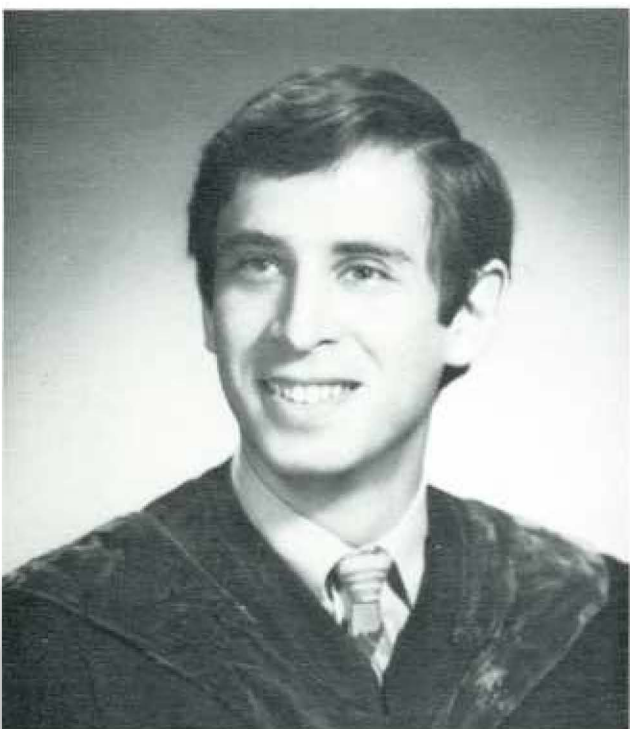
ST. JOSEPH'S COLLEGE, A.B. 1966  
*Nu Sigma Nu, house manager*  
SAMA, Pediatrics Society  
*Pediatrics*

**RICHARD M. FELDMAN**  
New York, N.Y.

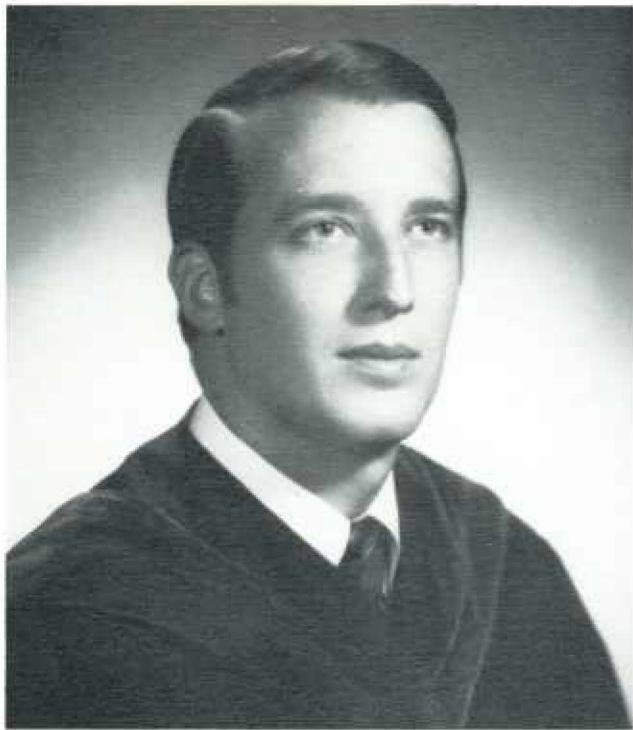
HARPUR COLLEGE, B.A. 1965  
Vice President Sophomore Class; Sims Society  
Married Roberta Marcia Rosen, 1965  
*Radiology*

**JOSEPH SAUL FISHER**  
Philadelphia

TEMPLE UNIVERSITY, A.B. 1964  
VILLANOVA UNIVERSITY, M.S. 1966  
*Phi Chi*  
SAMA, Sims Society, Endocrine Curriculum Committee, Microbiology Prize, Bodine Research Award  
*Internal Medicine (Endocrinology)*







**JAMES W. FOX, IV**  
Drexel Hill, Pa.

UNIVERSITY OF NOTRE DAME, B.S. 1966  
Hare Society  
Married Kathleen M. Mulqueen, 1969  
*Plastic Surgery*

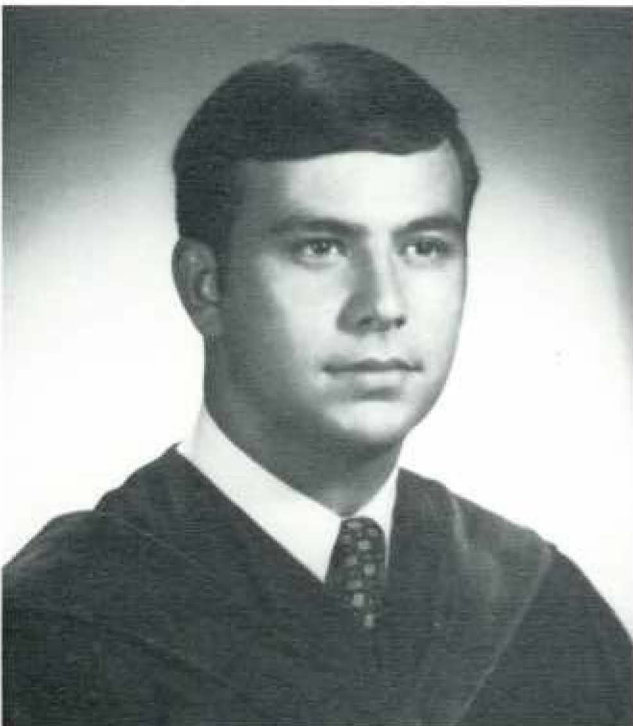


**ALLAN PERRY FREEDMAN**  
Philadelphia

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon*  
Hare Society, Sims Society  
Married Barbara Widman, 1968  
*Internal Medicine*

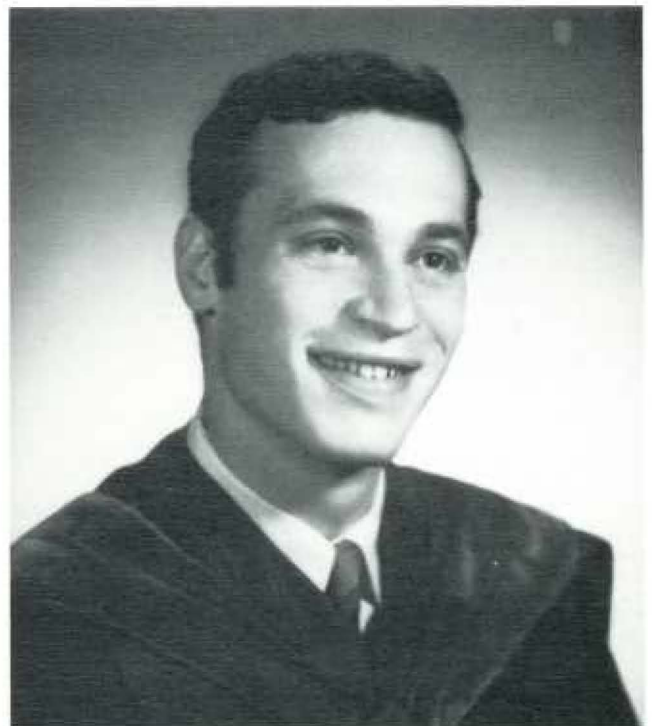
**LOUIS ARTHUR FREEMAN**  
West Hartford, Conn.

GEORGETOWN UNIVERSITY, B.S. 1966  
*Phi Alpha Sigma*  
Kappa Beta Phi  
Married Margaret Anne Browne, 1966

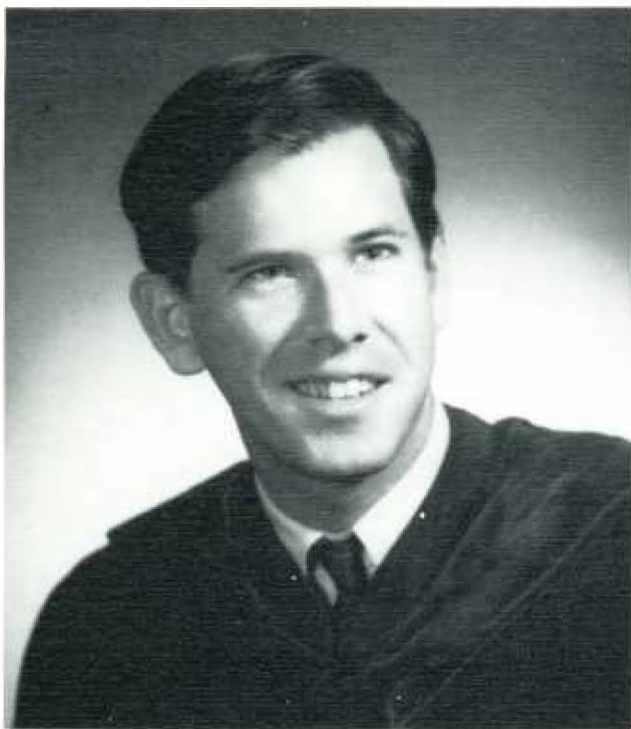


**CHARLES MORRIS FURR**  
Philadelphia

PENN STATE UNIVERSITY, B.S. 1968  
Hare Society  
*Internal Medicine*

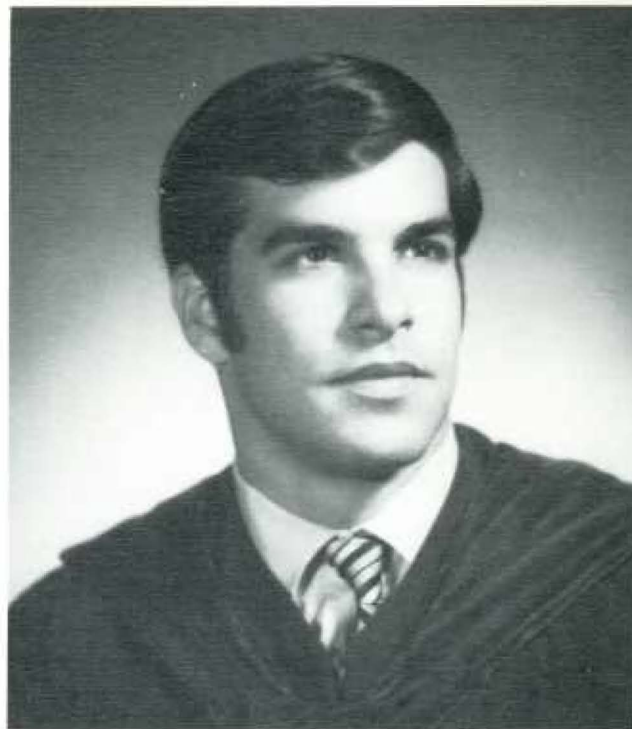






**ALAN MATHEWS GARDNER**  
**Wallingford, Pa.**

TEMPLE UNIVERSITY, B.A.  
 Married Marie Zoller, 1968  
*Psychiatry*

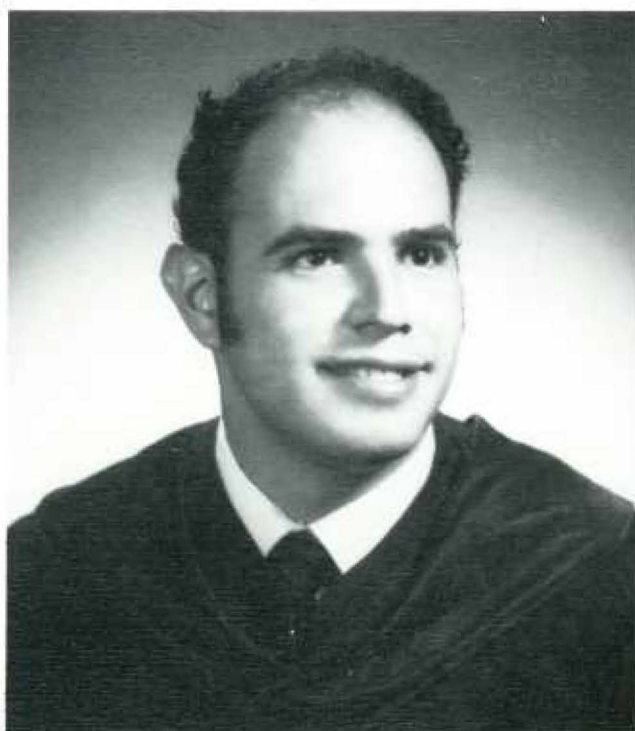


**JAMES MARSHALL GERSON**  
**Pittsburgh, Pa.**

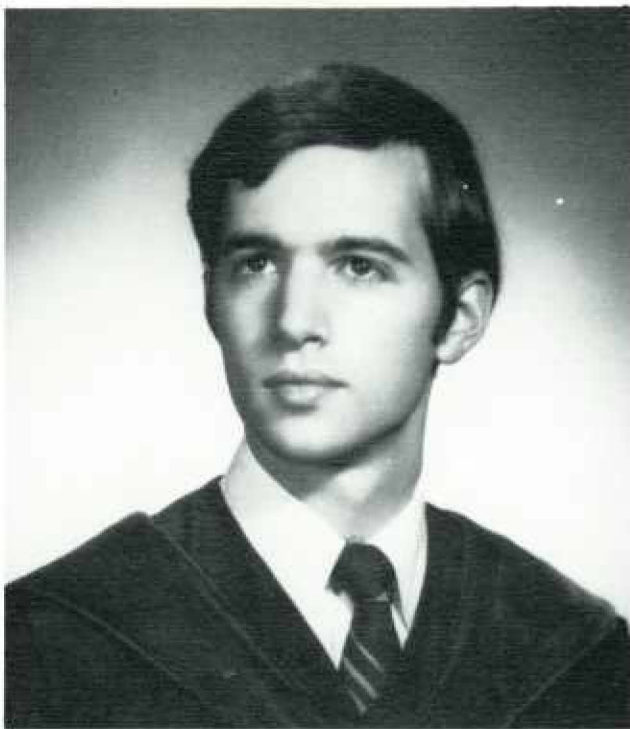
WASHINGTON & JEFFERSON COLLEGE, B.A. 1966  
 Student Council, vice president (1968-69); Admissions Committee  
 Married Linda Cohen, 1968  
*Pediatrics*

**BRUCE STEPHEN GINGOLD**  
**New York, N.Y.**

CITY COLLEGE OF NEW YORK, B.S. 1965  
*Phi Alpha Sigma*  
 Hare Society  
 Married Miriam Rubin, 1968  
*Surgery*







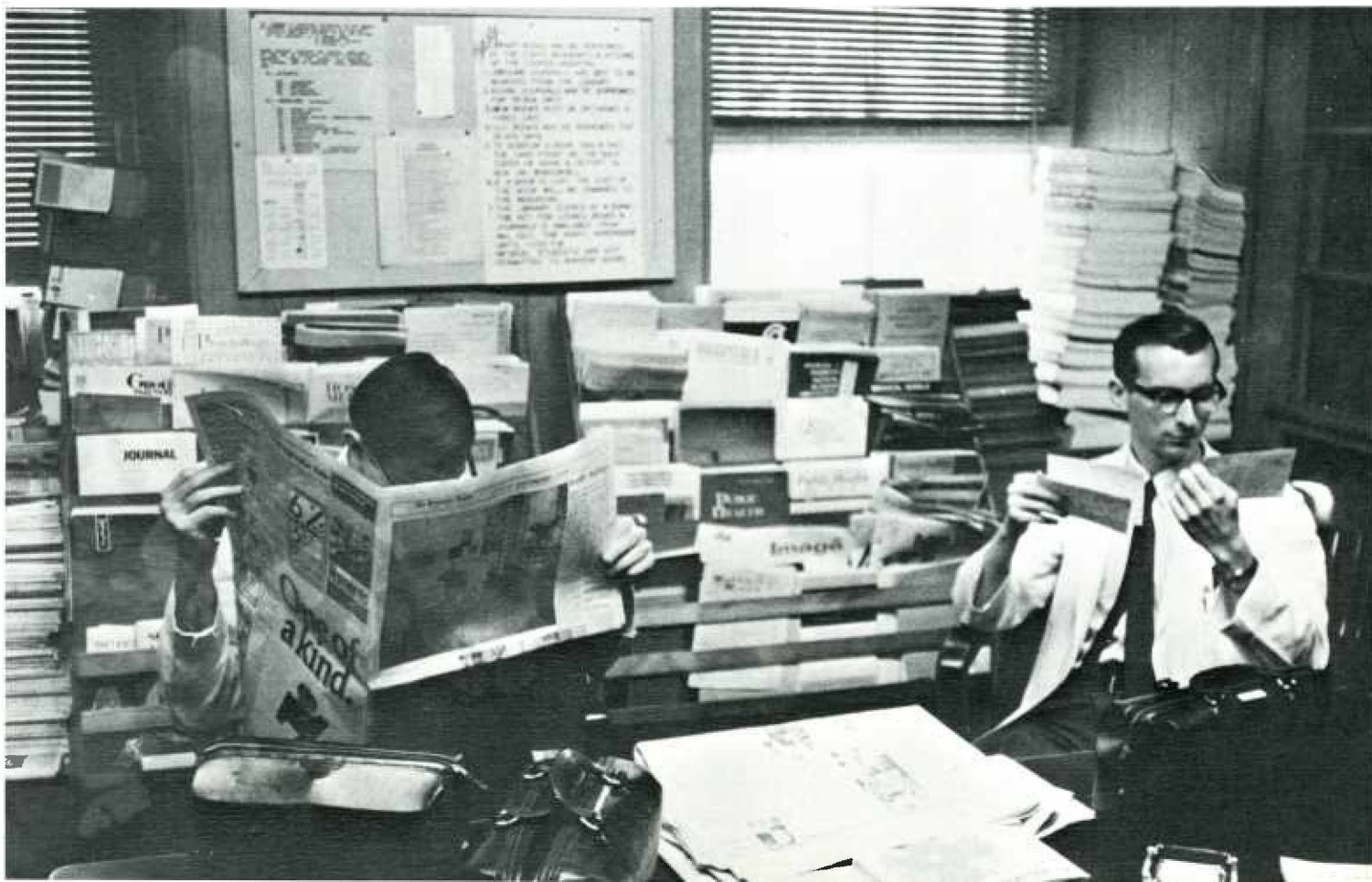
**STEPHEN CARL GLASSBERG**  
Forest Hills, N.Y.

UNIVERSITY OF PITTSBURGH, B.S.  
*Nu Sigma Nu*  
*Hare Society*



**CHRISTIA BRACKEN GOEGGEL**  
St. Thomas, Virgin Islands

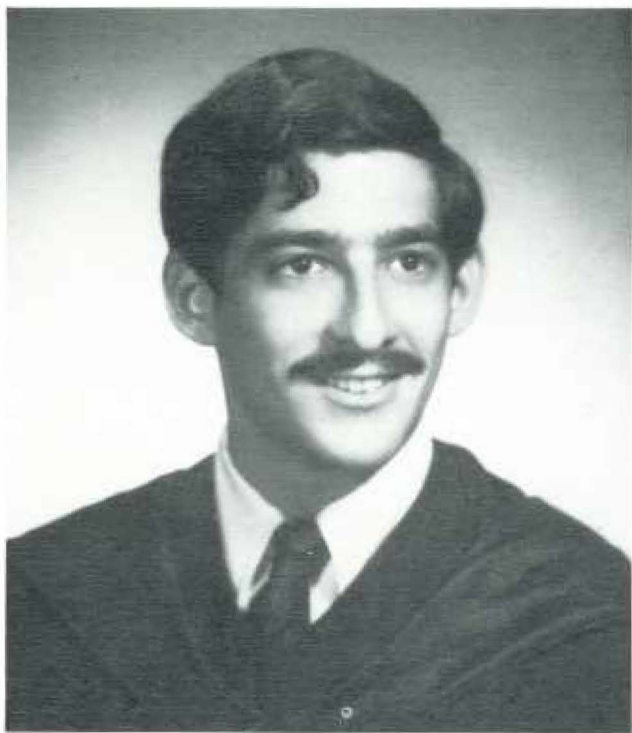
VASSAR COLLEGE, A.B. 1966  
*Sims Society*  
*Internal Medicine*





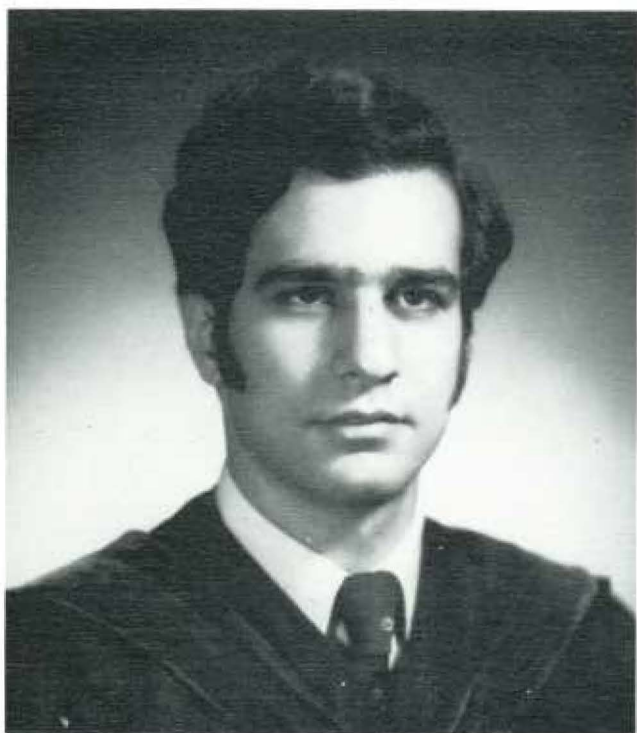
**ALAN MARK GOLD**  
Pittsburgh, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Nu Sigma Nu*  
Hare Society, Alpha Omega Alpha



**LAURENCE GOLDSTEIN**  
Harrisburg, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S.





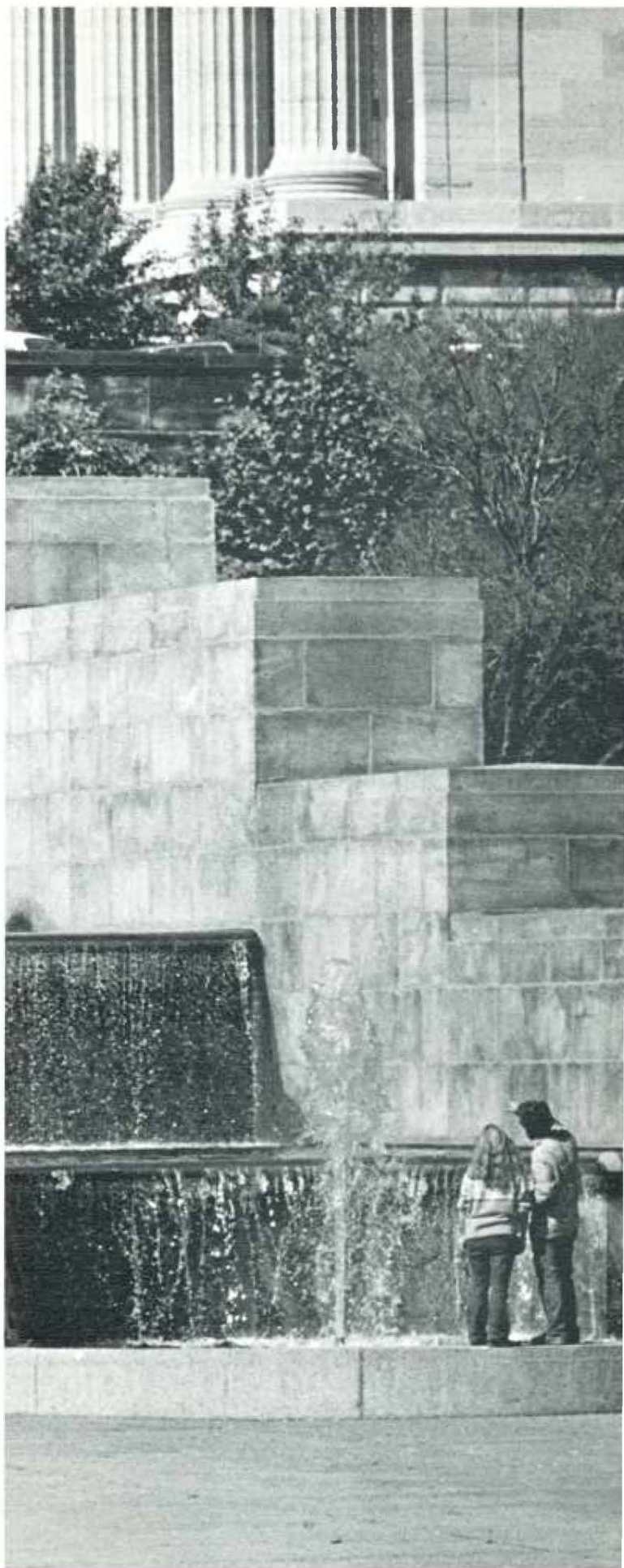
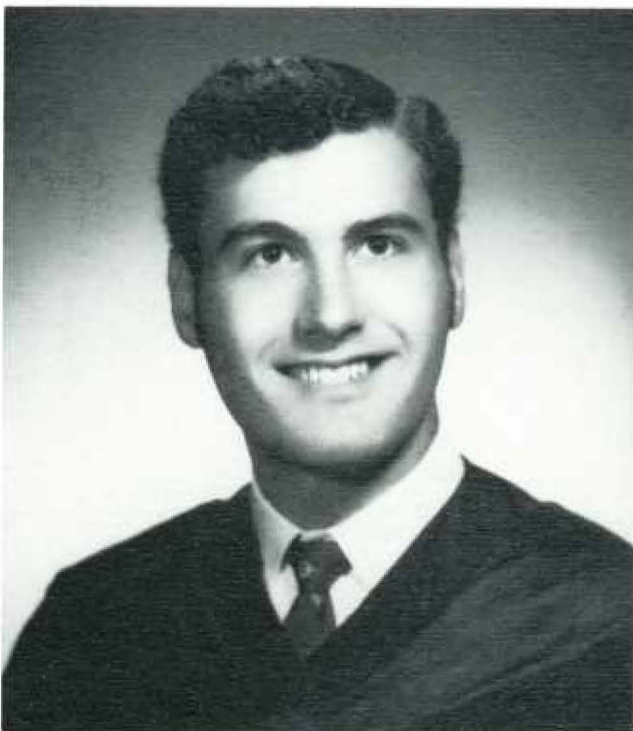
**RICHARD HOWARD GOODWIN, JR.**  
**Haddonfield, N.J.**

VIRGINIA POLYTECHNIC INSTITUTE, B.S. 1966  
*Alpha Kappa Kappa*  
Hare Society, treasurer; Alpha Omega Alpha, vice president  
Married Susan Yoh, 1968  
*Ophthalmology*



**ALAN JAY GREEN**  
**Brooklyn, N.Y.**

LONG ISLAND UNIVERSITY, B.S. 1966  
*Phi Chi, steward, secretary*  
Sims Society, vice president; Hare Society; Curriculum Committee; Senior Class Treasurer  
Married Harriet Friedman, 1969  
*Obstetrics & Gynecology*

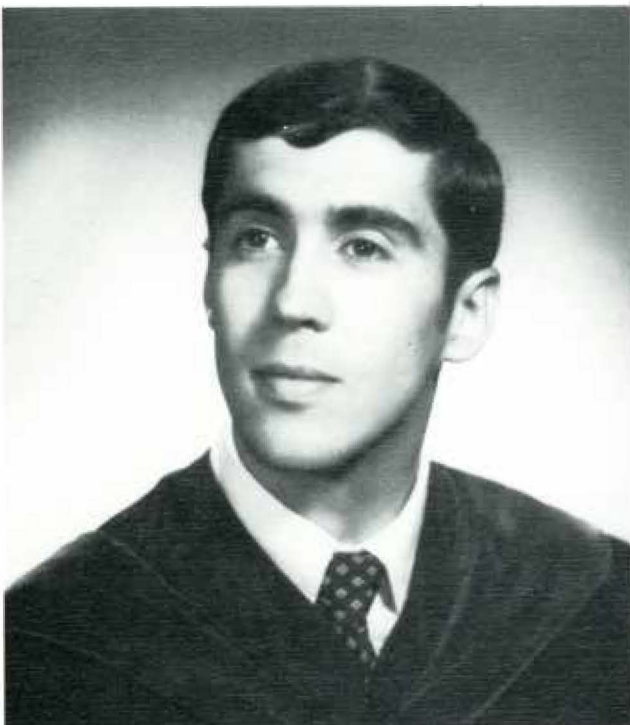






**DOUGLAS BERIAH HAGEN**  
**Ledyard, Conn.**

UNIVERSITY OF CONNECTICUT, B.A.  
 Alpha Omega Alpha



**FREDERICK E. HAMPF, JR.**  
**Springfield, Pa.**

FRANKLIN & MARSHALL COLLEGE, A.B. 1966  
*Nu Sigma Nu*





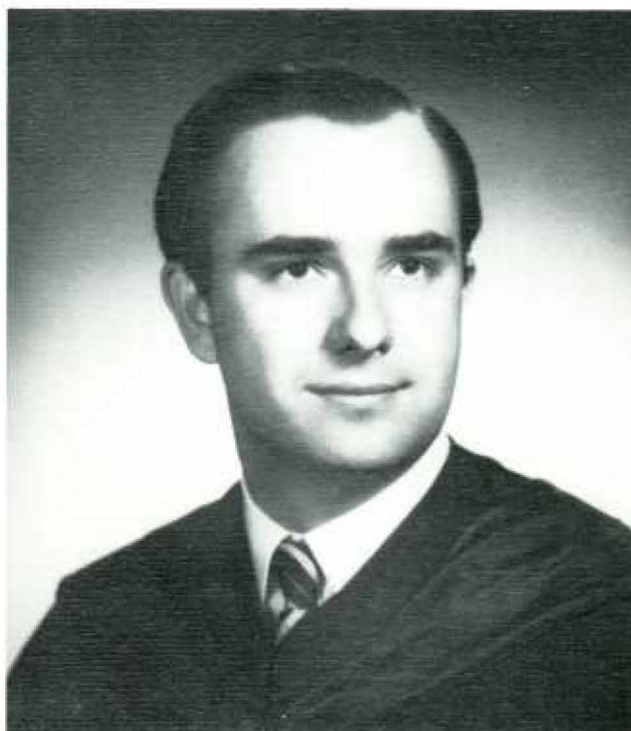


**IRWIN INGWER**  
New Rochelle, N.Y.

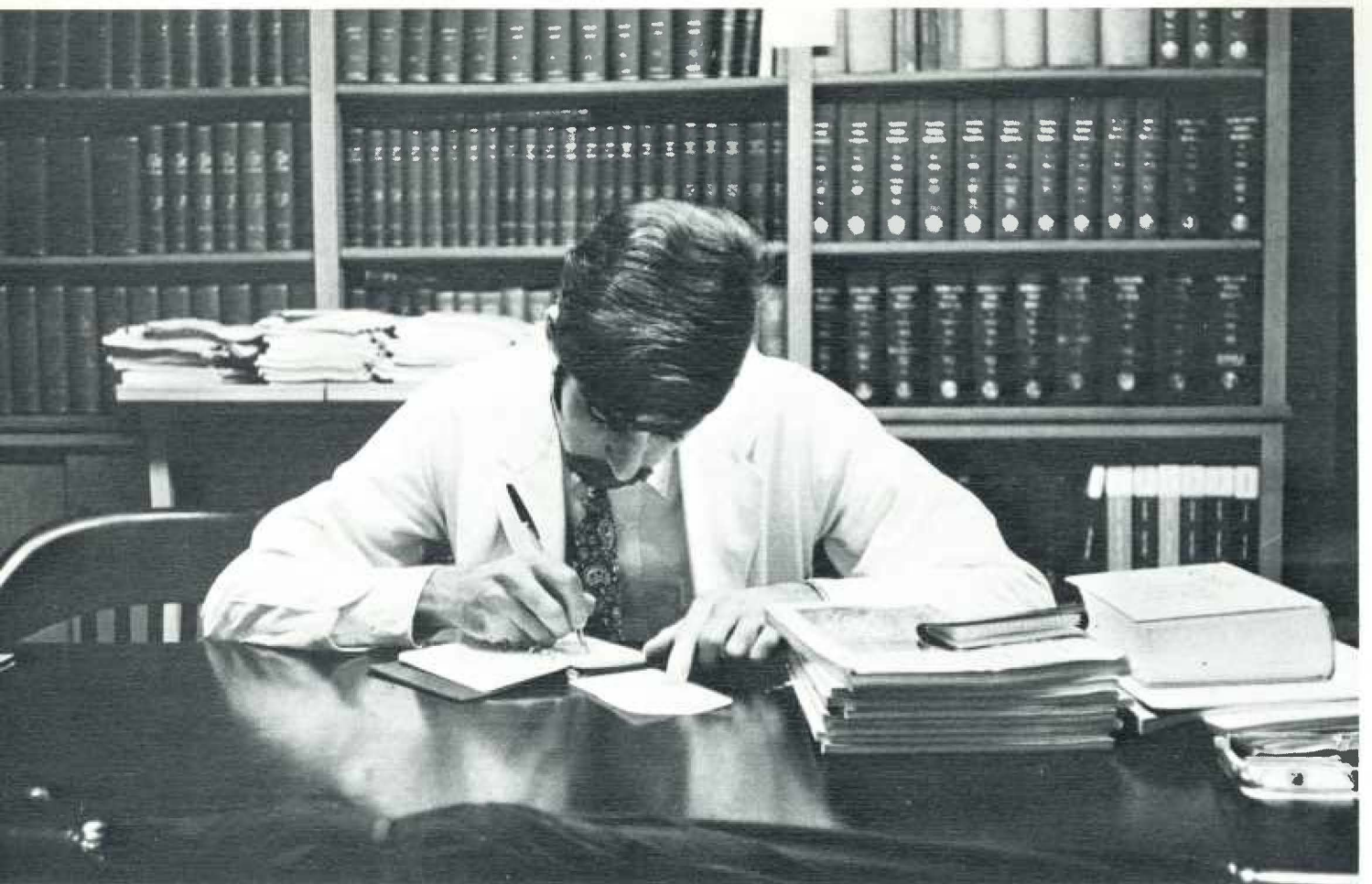
UNIVERSITY OF PITTSBURGH, B.A. 1965  
*Nu Sigma Nu, secretary*  
Kappa Beta Phi, Project Haiti, Student Health Organization  
*Surgery*

**GEORGE ISAJIW**  
Philadelphia

LaSALLE COLLEGE, B.A. 1966  
*Pediatrics*

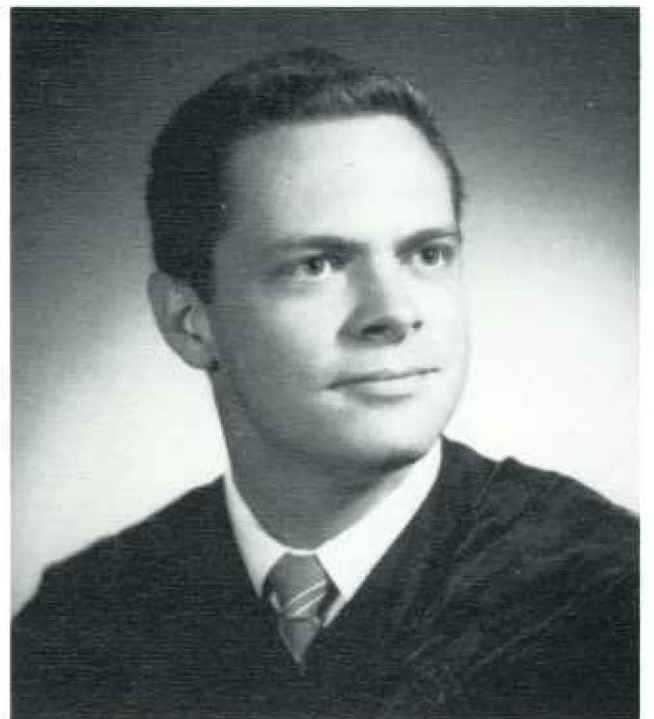






**BERTRAM LEE JOHNSON, JR.**  
Broomall, Pa.

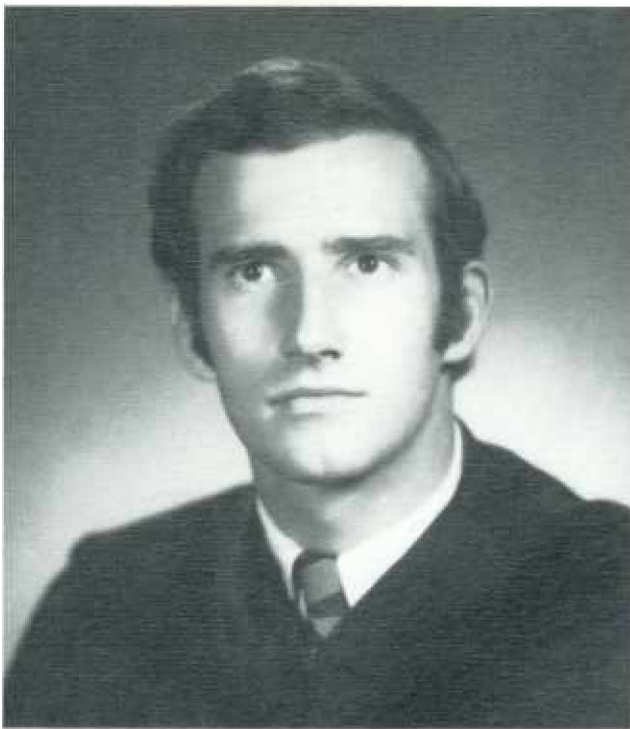
DICKINSON COLLEGE, B.S. 1966  
Married Kay Reiff, 1965  
*Internal Medicine*



**ROBERT P. JOHNSON**  
Philadelphia

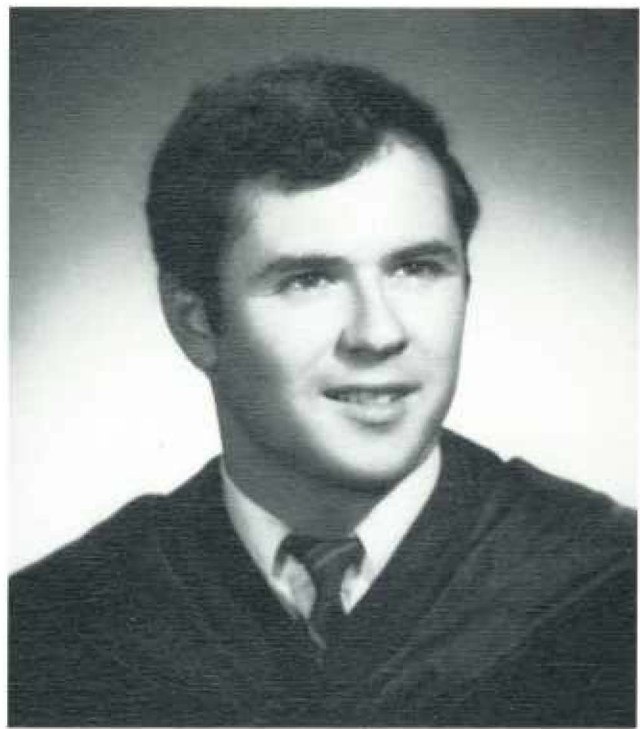
LaSALLE COLLEGE, B.A. 1966  
Married Nancy J. McGuire, 1968





**WILLIAM WHITING JUDSON**  
Bryn Mawr, Pa.

KENYON COLLEGE, B.A. 1966  
Married Susan Greanoff, 1968  
*Internal Medicine*

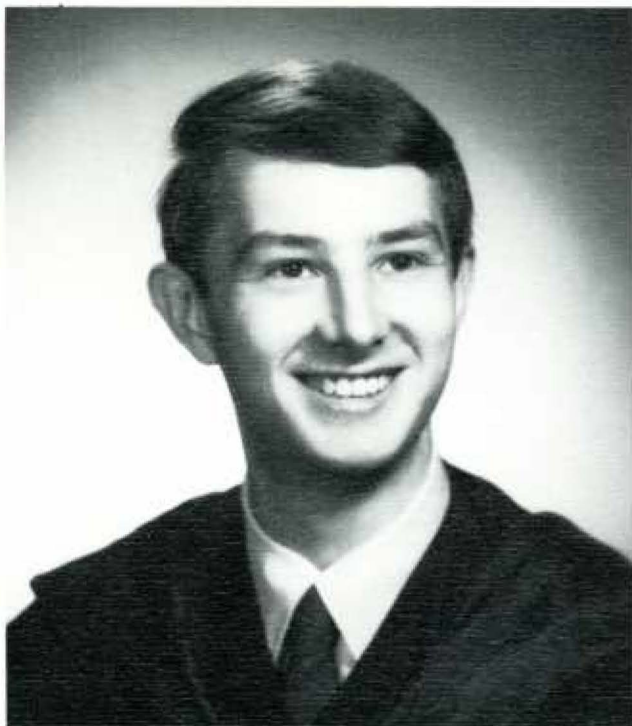


**ROBERT CHARLES KANE**  
Plymouth Meeting, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Nu Sigma Nu*  
Alpha Omega Alpha, president; Lange Medical Publications  
Award; Pathology Prize (honorable mention); Hare Society;  
Dean's Committee  
*Internal Medicine*

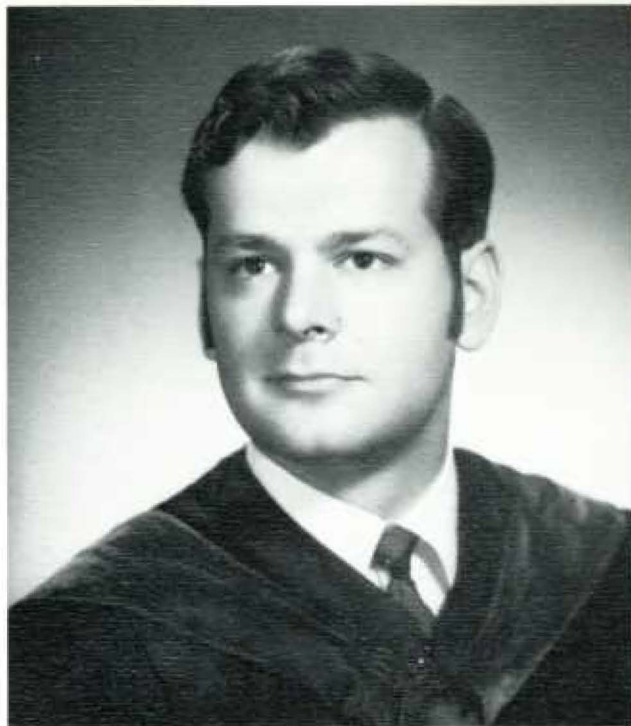






**PAUL DAVID KAUTZ**  
Apollo, Pa.

WASHINGTON & JEFFERSON COLLEGE, A.B. 1966  
SAMA, Christian Medical Society  
Married Carol H. Smith, 1964  
*Surgery*



**THOMAS RICHARD KAY**  
Lindenwold, N.J.

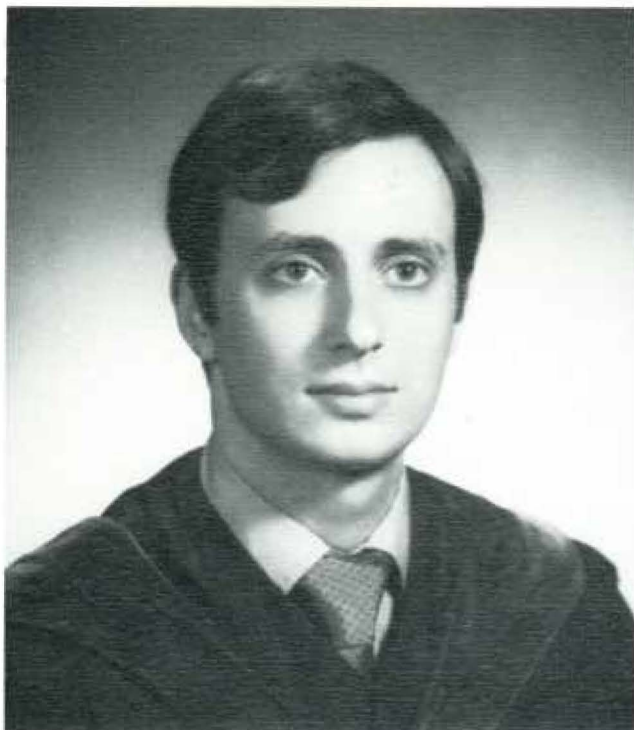
TEMPLE UNIVERSITY, A.B. 1966  
*Phi Alpha Sigma*  
Married Nancy M. Grover, 1965  
*Obstetrics & Gynecology*

**WILLIAM A. KEEL, JR.**  
Hershey, Pa.

HARVARD COLLEGE, A.B. 1966  
*Nu Sigma Nu*  
Clinic, photography editor  
Married Susan Tuck, 1962  
*Obstetrics & Gynecology*







**WAYNE MARK KEISERMAN**  
Philadelphia

LaSALLE COLLEGE, B.A. 1966  
Married Bonnie Weiner, 1966  
*Urology*



**JAMES WILLIS KENDIG**  
Salunga, Pa.

LEHIGH UNIVERSITY, B.S. 1966  
*Theta Kappa Psi, treasurer*  
Christian Medical Society  
Married Kathryn Sue McLanachan, 1969  
*Surgery*

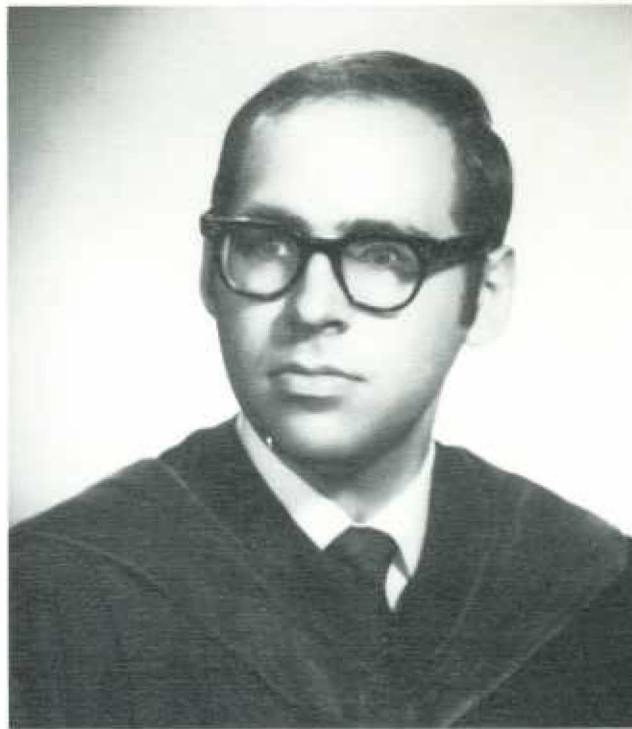






**ROSE MARY KENNY**  
Philadelphia

IMMACULATA COLLEGE, A.B. 1966  
Sims Society, Alpha Omega Alpha



**GEORGE W. KERN, IV**  
Broomall, Pa.

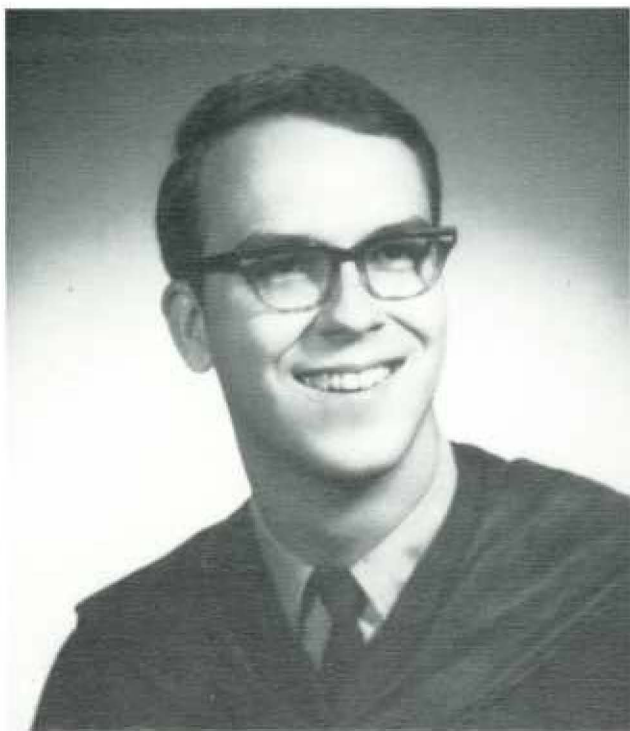
LaSALLE COLLEGE, B.A.  
UNIVERSITY OF PENNSYLVANIA, M.S.  
Pediatrics Society  
Married Margaret A. Browne, 1969  
*Human Genetics*

**GEORGE HENRY KERSHNER**  
West Lawn, Pa.

ALBRIGHT COLLEGE, B.S. 1966  
*Phi Alpha Sigma*  
SAMA, president (1968-69); Dean's Committee; Student Council  
Married Marilyn Pruss, 1967  
*Thoracic Surgery*

**MARILYN SUSAN (PRUSS) KERSHNER**  
Pennsauken, N.J.

TEMPLE UNIVERSITY, B.A. 1966  
*Phi Alpha Sigma*  
SAMA, Secretary-treasurer (1968-69); Student Council;  
Curriculum Committee  
Married George Henry Kershner, 1967  
*Radiology*





## woman in medicine

**M**arie V. (for Vincenza) Olivieri is a woman in medicine—a field many consider to be mainly a man's world. And what's more, she is a highly successful woman. A leading student, she is liked and respected by both her classmates and professors. With the end of her medical college years in sight, Marie discussed with *The Clinic* some of her experiences, interests and attitudes.

Actually, she came to Jefferson expecting a totally different environment. Recent graduates had warned her about high pressure and a high dropout rate. This didn't shake her determination to enroll, however, because she was convinced Jeff was a good school. "The quality of doctors I knew from here was excellent," she relates. The change was a pleasant surprise, and Marie believes it has allowed many students to do better than they might have under the old system. "I'm much happier in this environment," she says, adding that "people can worry themselves into trouble." The Anatomy Department did a lot to allay the fears of new freshmen, Marie believes. She described anatomy as "a nice introduction to the school." The professors were interested in the students' problems, she says, and spent a lot of extra time with individuals.

Smooth sailing in anatomy prepared the class for some of the troubles that lay ahead. Marie believes the problems arose mainly because of changing circumstances. "Our class is really the transition class," she explained. "We were the first class to have Dr. Maurer as head of biochemistry, the first class to take microbiology after Dr. Goodner retired and we went under the new curriculum in our sophomore year."

These changes, she says, made it difficult for both faculty and students, as they struggled to adjust. For example, she recalls that all biochemistry teachers attended lectures in that course "so they would all know what was being taught." This, she feels sure, resulted in course modifications for the benefit

of subsequent classes. Despite the problems the class faced, Marie says, the overall quality of the educational program was "quite good." Particularly fine, she says, was the course in pathology, which she rates as "certainly one of the best in the nation." The Pharmacology Department also did an outstanding job, Marie says, with what she considers a difficult subject to teach "until you're dealing with the drugs clinically." The overall quality of instruction in the basic sciences has carried over to the clinical departments, Marie says. "On the whole, we get a very good education."

Marie is aware of criticism among the students of the educational program, but she considers this a minority view. "Most of the seniors are satisfied," she says, adding: "The people who are dissatisfied tend to be more vocal. Perhaps because the rest of us are satisfied our views aren't being heard. We haven't gotten involved." Though she is happy at Jefferson, Marie stresses that she doesn't want to imply the institution is faultless. "Criticism is good—and often justified," she says, "but the pendulum has swung too far. Some of the demands are unrealistic." As an example, she cites some of the editorial criticism aired in the 1969 *Clinic*. It was valid, she says, but not balanced. "I thought it was too hard on the school; the positive aspects were ignored." Among the "positive aspects," according to Marie, are a faculty and administration "truly interested in what we think and want. They really want to improve the place."

While Jefferson remains predominantly a male school, Marie feels comfortable among the distaff minority. She admits that some people she has met feel there is no place for a woman in medicine, "but I've never felt any hostility or resentment." She feels some of the criticism of women in medicine is valid, especially complaints that they tend to quit practicing after they marry and have children. "If you commit yourself to a medical education," she

says, "you have an obligation to use your skills. I don't ever want to quit, though I may have to practice parttime for a while." Her practice—parttime or fulltime—will probably be in academic pediatrics. "I like internal medicine," she explains, "but I like working best with the pediatric patient." The only big problem Marie recognizes about being a girl student at Jefferson is the lack of accommodations for women on clinical services. This will improve, Marie feels, as the number of women on the house staff increases. Meanwhile, she says, "we haven't been too successful in improving things."

Where she has been particularly successful is in the academic sphere. Marie



Marie Olivieri

has been awarded the Lange Medical Publications Award for her performance in the first and third year, as well as the Pathology Prize and Roche award for academic excellence in her second year. Her classmates have voted her class secretary for the past two years. She is vice president of Alpha Omega Alpha and coordinator of its tutorial program and a member of the Hare Society and the Senior Portrait Committee. As if this weren't enough, she finds time to work nights in the laboratory at West Jersey Hospital.

Does this leave time for anything else? "You don't have as much time to date and do other things as you might like," Marie admits, "but you can make time to enjoy life."



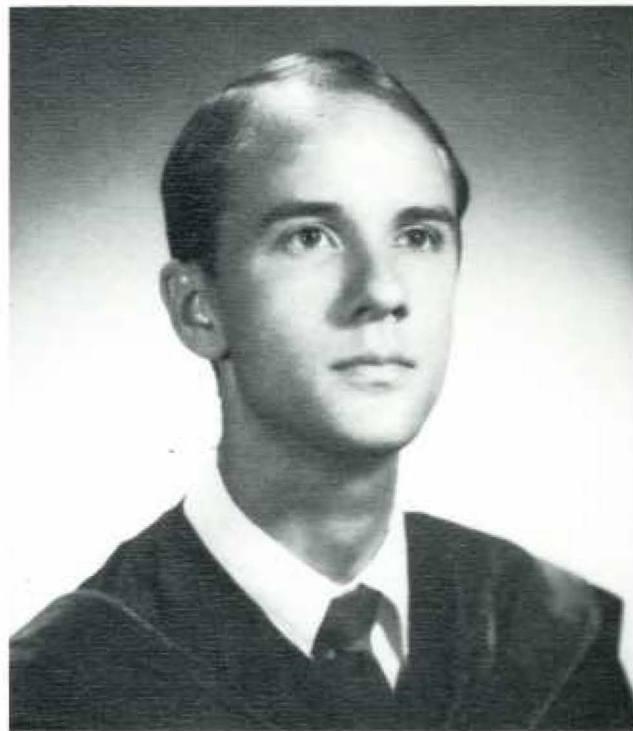
**STEPHEN ANDREW KLEIN**  
New York City

UNIVERSITY OF PENNSYLVANIA  
Student Curriculum Committee, Honor Code Committee  
Married Daniela Sondheimer, 1969  
*Obstetrics & Gynecology*



**JAMES MICHAEL KLINK**  
West Reading, Pa.

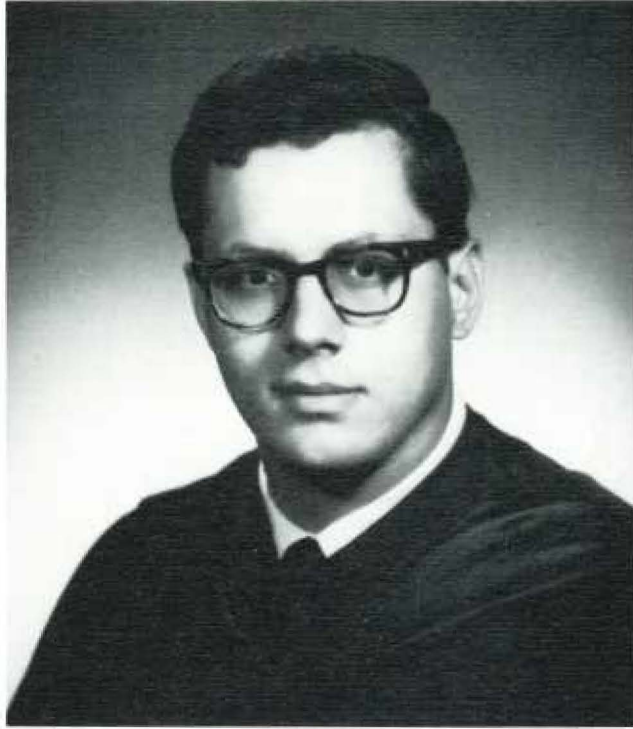
LaSALLE COLLEGE, B.A. 1966  
Sims Society  
Married Alice Thornton, 1968





**JOHN ANTHONY KLINE**  
**Newark, N.J.**

SETON HALL UNIVERSITY, B.S. 1966  
Alpha Omega Alpha  
Married Christine Bronsky, 1964  
*Pediatrics or Surgery*







**JAMES ROBERT LaMORGESE, JR.**  
**South Orange, N.J.**

FRANKLIN & MARSHALL COLLEGE, A.B. 1966  
*Nu Sigma Nu*  
 Hare Society  
 Married Nancy Gottschall, 1968  
*Neurosurgery*

**EDWARD MICHAEL LASKA**  
**Wallingford, Pa.**

LaSALLE COLLEGE, B.A. 1966







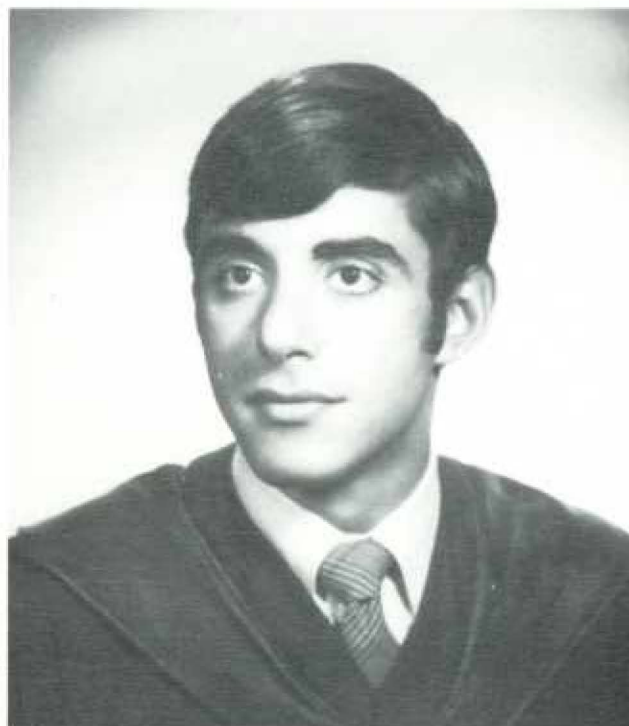
**MICHAEL DAVID LAURIA**  
Terre Hill, Pa.

UNIVERSITY OF NOTRE DAME, B.S. 1966  
*Nu Sigma Nu*  
*General Practice*

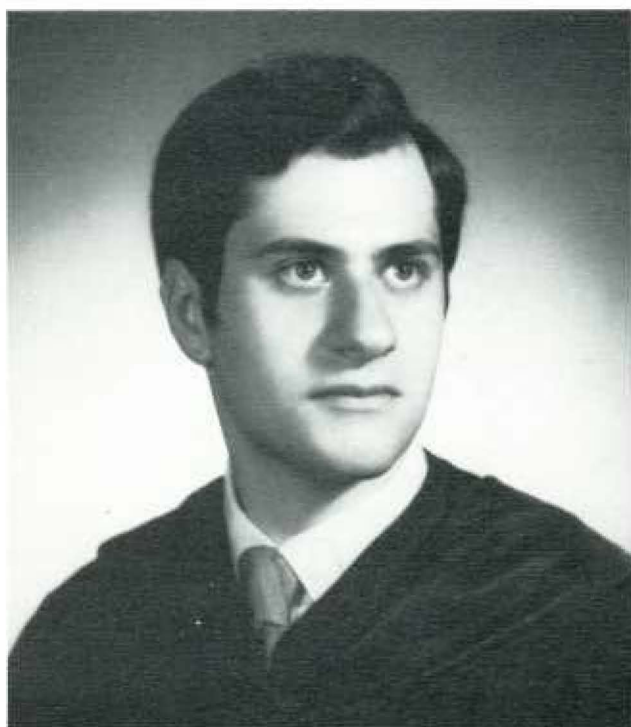


**RONALD A. LEFF**  
Millburn, N.J.

RUTGERS UNIVERSITY, B.A. 1966  
*Phi Alpha Sigma*  
Lange Medical Publications Awards, Hare Society, Alpha  
Omega Alpha  
*Anesthesiology*







**HARVEY B. LEFTON**  
Shaker Heights, Ohio

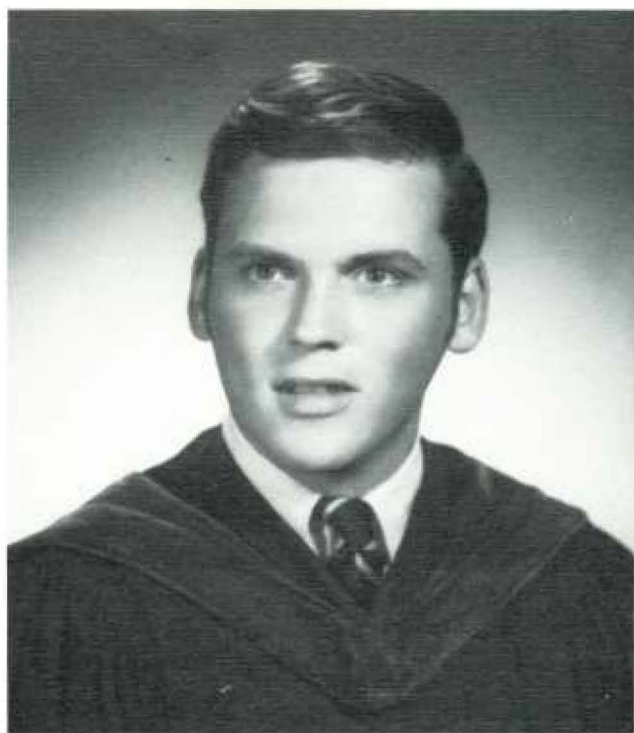
UNIVERSITY OF PITTSBURGH, B.S. 1966  
*Nu Sigma Nu*  
Student Council, treasurer (1968-70); Clinic; Hare Society  
Married Paulette Lipkowitz, 1968  
*Internal Medicine*



**WILLIAM JOHN LEWIS**  
Duquesne, Pa.

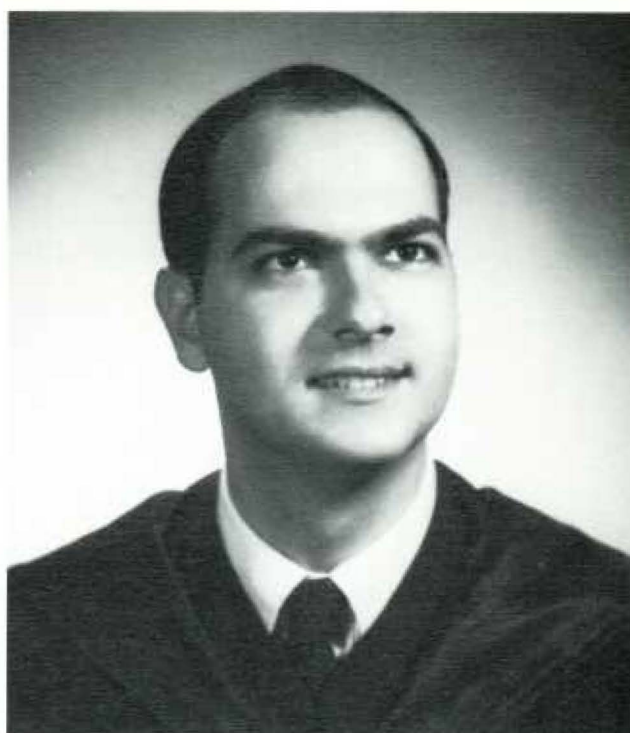
FRANKLIN & MARSHALL COLLEGE  
*Phi Chi*, alumni cochairman  
SAMA, Hare Society  
Married Elizabeth McCamlev  
*Otolaryngology*





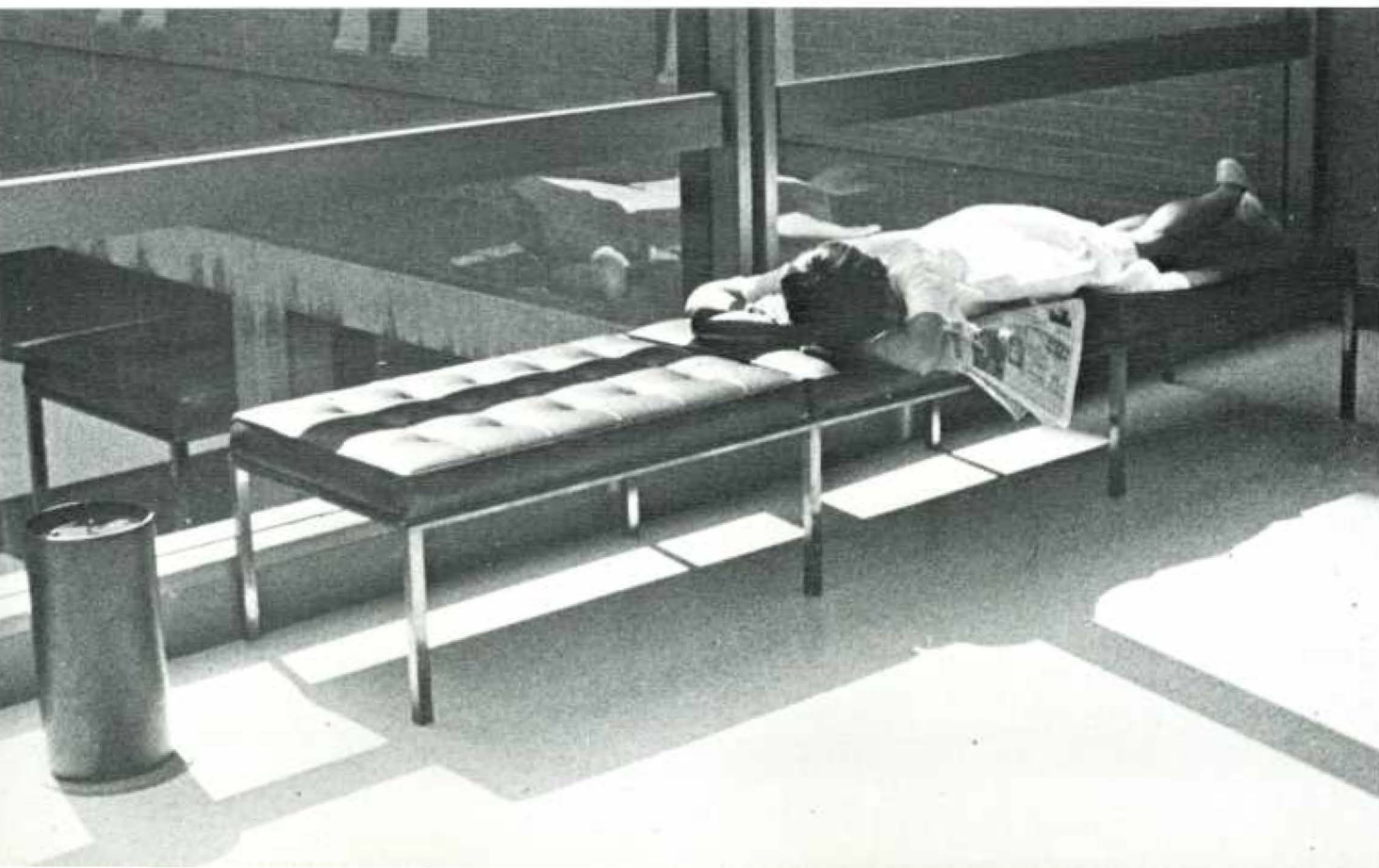
**WILLIAM GERARD LIEKWEG, JR.**  
Alexandria, Va.

MOUNT ST. MARY'S COLLEGE, B.S. 1966  
*Phi Chi*  
*Surgery*



**DAVID IRWIN LINTZ**  
Swedesboro, N.J.

URSINUS COLLEGE, B.S.

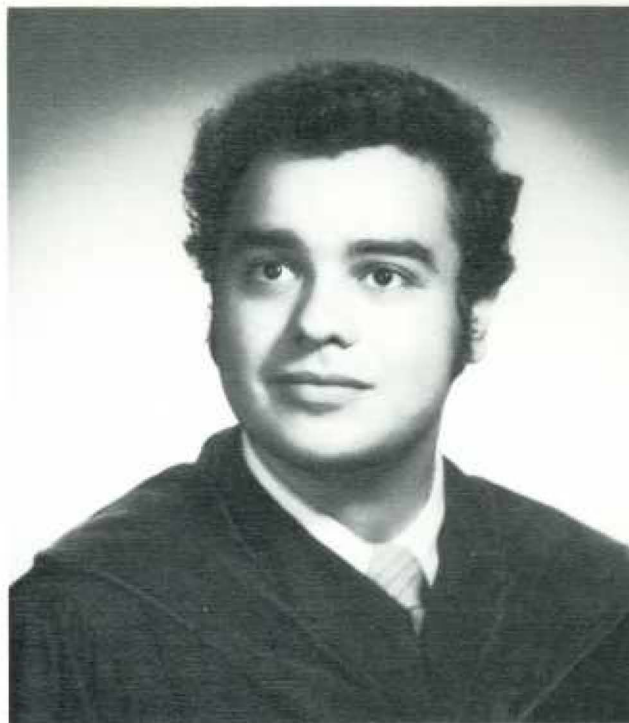






**THEODORE C.M. LO**  
**Hong Kong**

McGILL UNIVERSITY, B.Sc. 1966  
*Theta Kappa Psi*  
 Christian Medical Society, Hare Society, Student Council



**NORMAN GARY LOBERANT**  
**The Bronx, N.Y.**

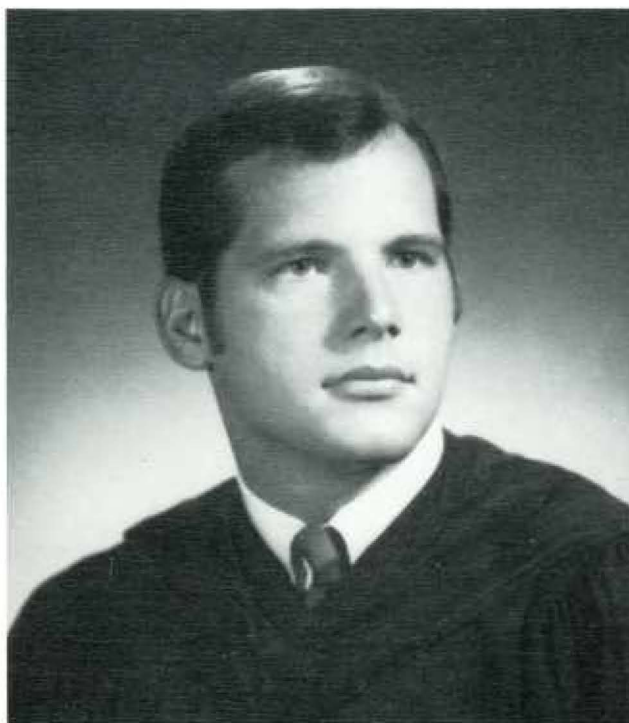
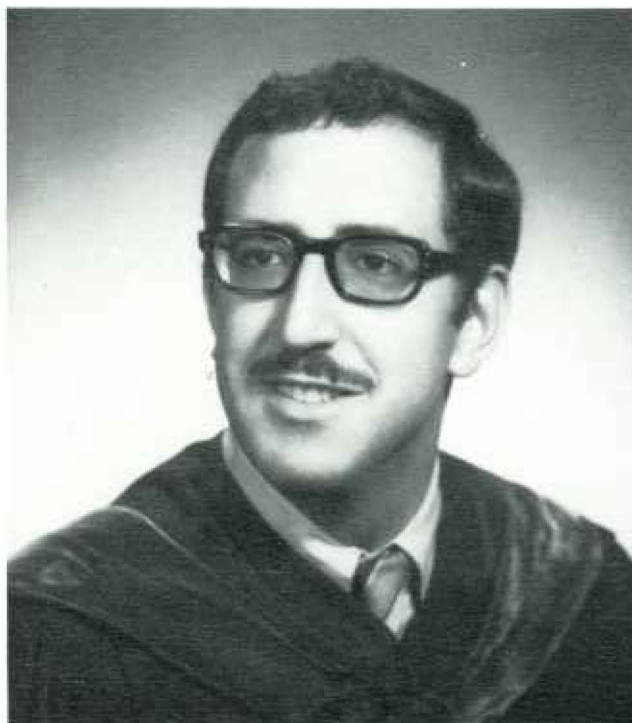
PENNSYLVANIA STATE UNIVERSITY, B.S. 1968

**ROBERT MALCOMB LUMISH**  
**Lower Merion, Pa.**

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon, sergeant-at-arms*  
 Sims Society, Hare Society  
 Married Sandra Ellen Schnoyer, 1969  
*Internal Medicine*

**JOHN RICHARD McCLOSKEY**  
**Philadelphia**

LaSALLE COLLEGE, B.A.  
*Nu Sigma Nu*  
*Orthopedics*

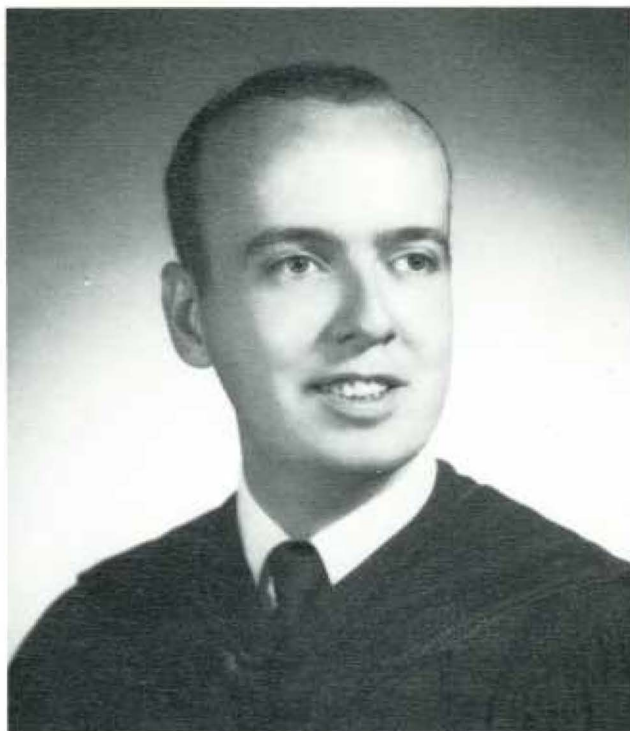






**JOHN FRANCIS McCORMICK**  
Springfield, Mass.

SETON HALL UNIVERSITY, B.A. 1966  
*Phi Alpha Sigma, treasurer (1968), president (1969)*  
Alpha Omega Alpha, Kappa Beta Phi, Lange Medical Publications Award, Pennsylvania Heart Association Research Prize



**JAMES BERNARD McGOVERN, JR.**  
Drexel Hill, Pa.

ST. JOSEPH'S COLLEGE, A.B. 1964

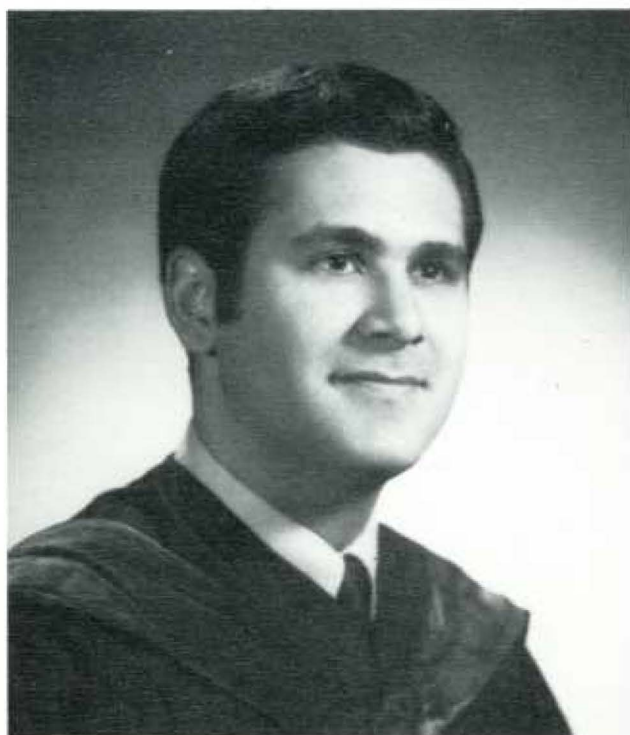
**ROGERS DUBOSE McLANE**  
State College, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Alpha Sigma*  
Married Paulette M. Fellman, 1968  
*Family Practice*

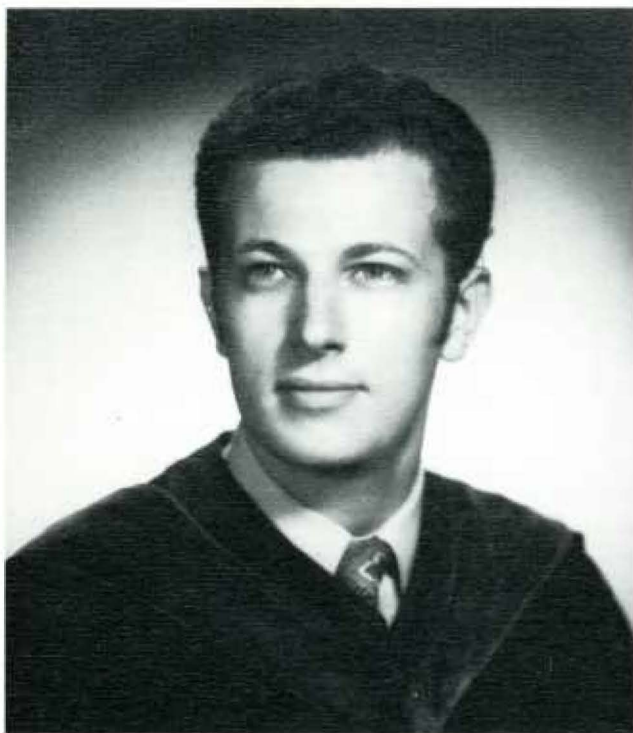


**BARRY JAY MAKE**  
Broomall, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon, historian (1967), Student Council representative (1968-69) Hare Society, president; Student Council; Student Affairs Committee*  
*Internal Medicine*

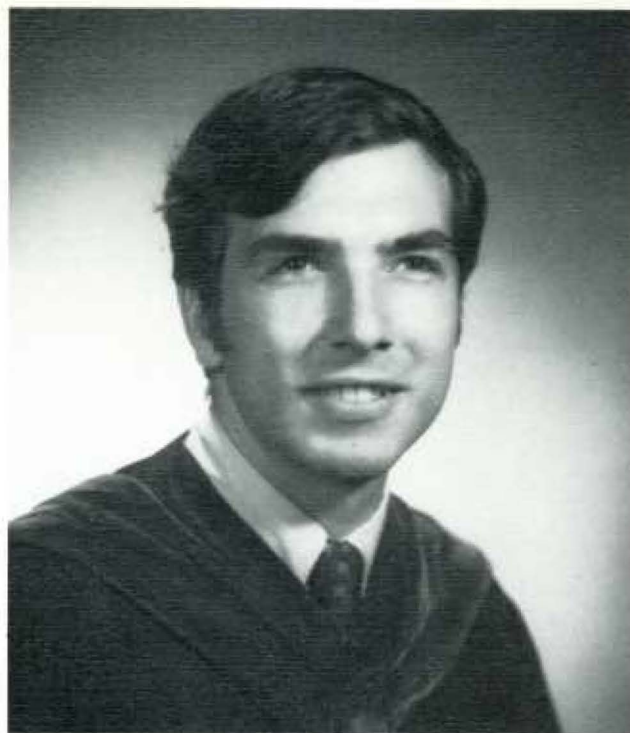






**SETH A. MALIN**  
Philadelphia

MASSACHUSETTS INSTITUTE OF TECHNOLOGY, B.S. 1963  
Student Health Organization, SAMA, Hare Society  
Married Judith Steinhardt, 1966  
*General Surgery*

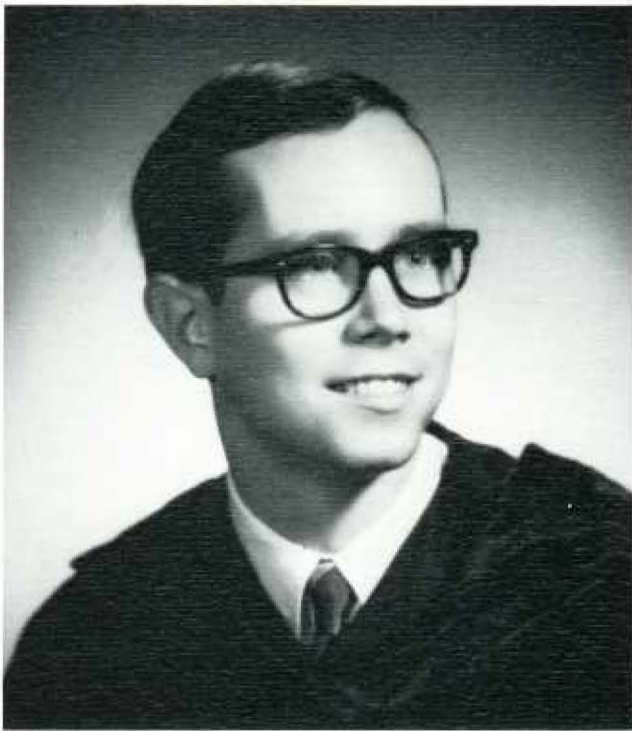


**ROBERT JOHN MALOVANY**  
West Caldwell, N.J.

YALE UNIVERSITY, B.A. 1966  
*Alpha Kappa Kappa*  
Married Maureen Goldberg

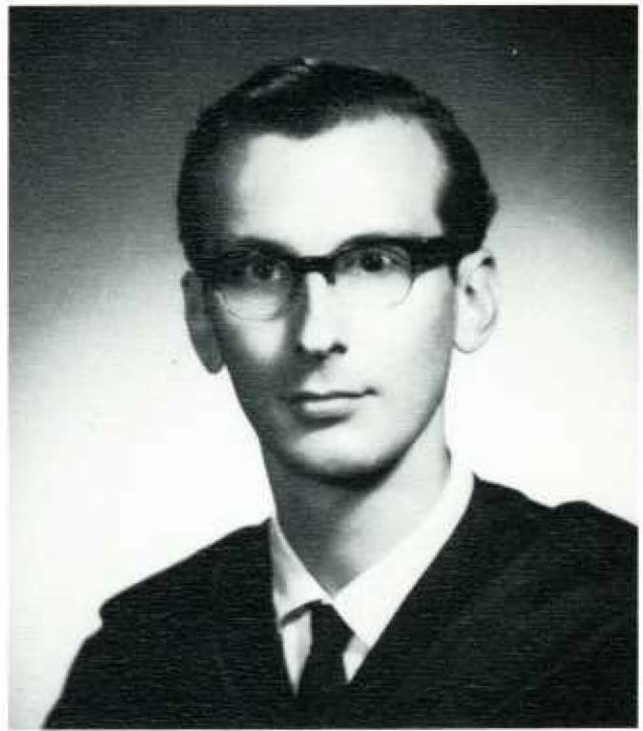






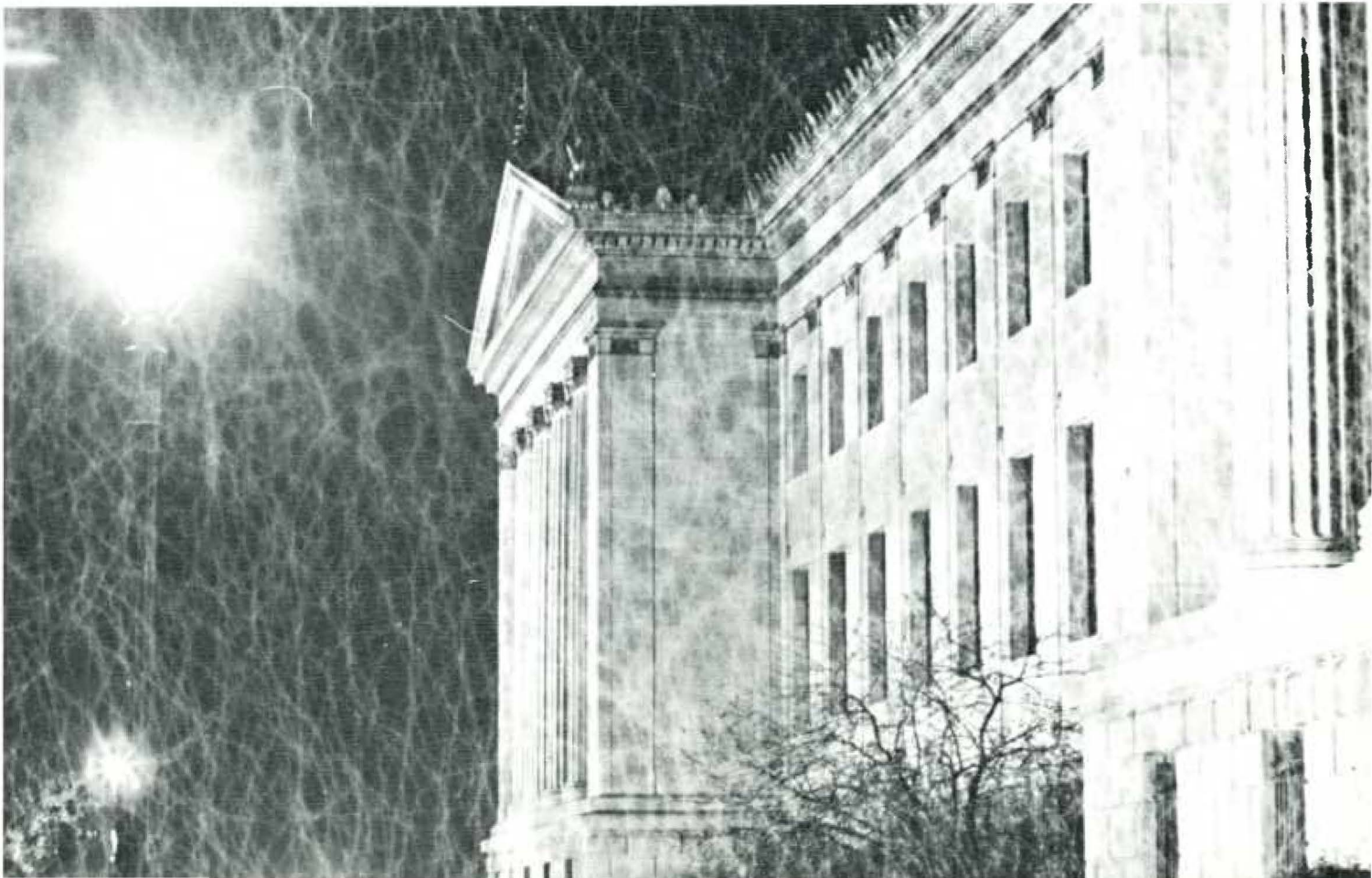
**PAUL CORNELIUS MARSHALL**  
Conventryville, Pa.

BOSTON COLLEGE, B.S. 1966  
*Phi Alpha Sigma, social chairman and president*  
Dean's Committee; Clinic; Kappa Beta Phi  
*Pediatrics*



**JOHN T. MARTSOLF**  
Beaver Falls, Pa.

EARLHAM COLLEGE, B.A.  
*Phi Chi*  
Pediatrics Society  
*Pediatrics (Medical Genetics)*





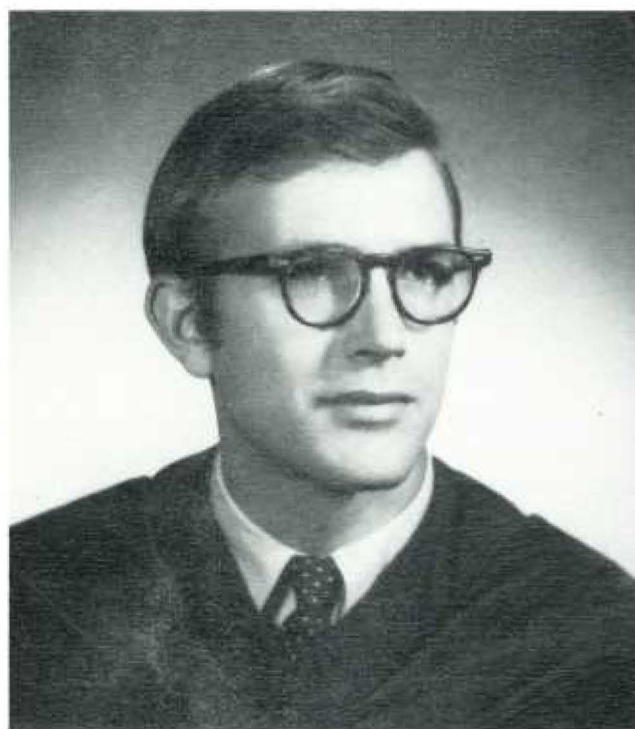
**STEVEN ALLEN MERSKY**  
New York, N.Y.

QUEENS COLLEGE, B.A. 1966  
Married Georgette Gola, 1966  
*Urology*



**FRED A. METTLER, JR.**  
Blairstown, N.J.

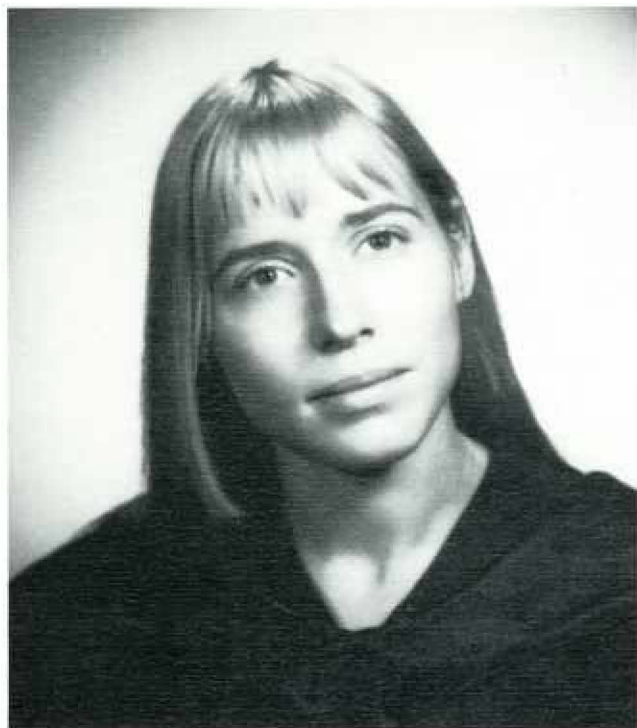
COLUMBIA UNIVERSITY, A.B. 1966  
Rugby Team  
*Radiation Therapy*





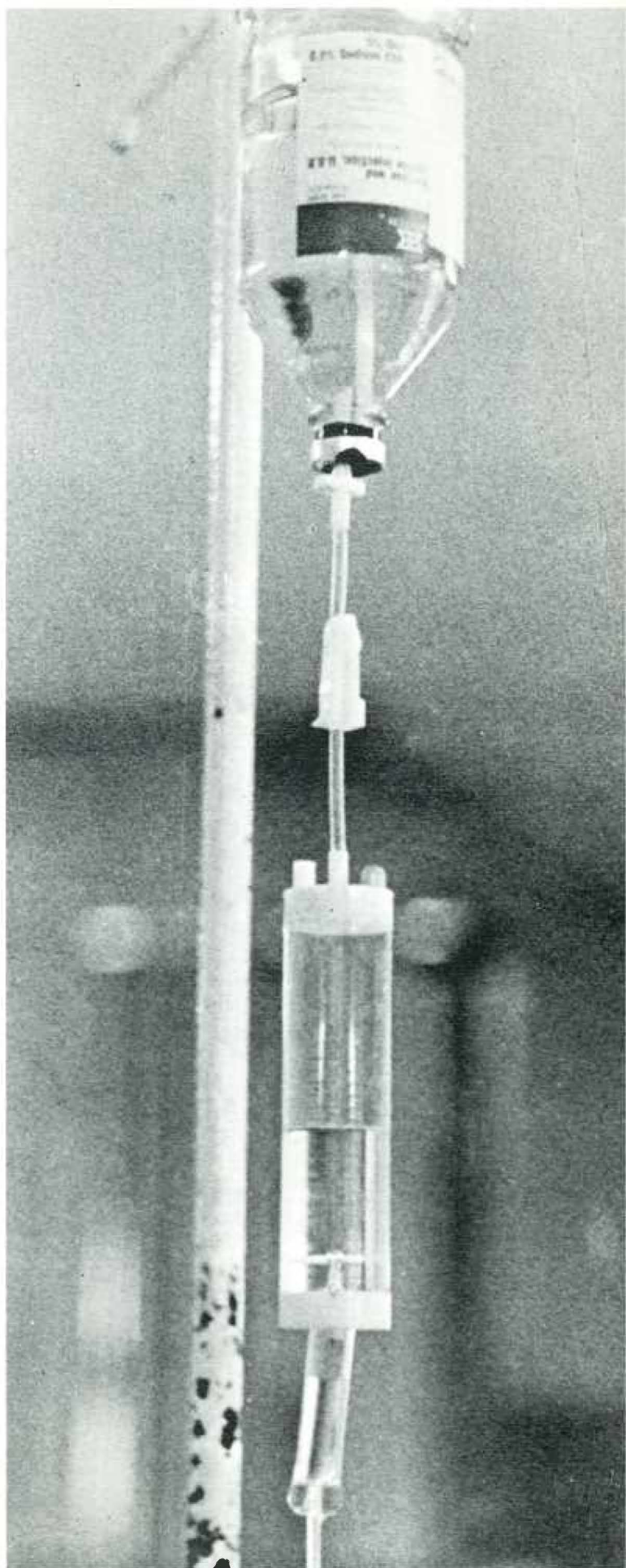
**JACQUELYN KAY MILLER**  
Linfield, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.A. 1966  
Pediatrics Society, cochairman; Student Medical Forum,  
president  
*Pediatrics*



**JOSEPH A. MILLER, JR.**  
South Orange, N.J.

SETON HALL UNIVERSITY, A.B. 1966  
*Nu Sigma Nu*





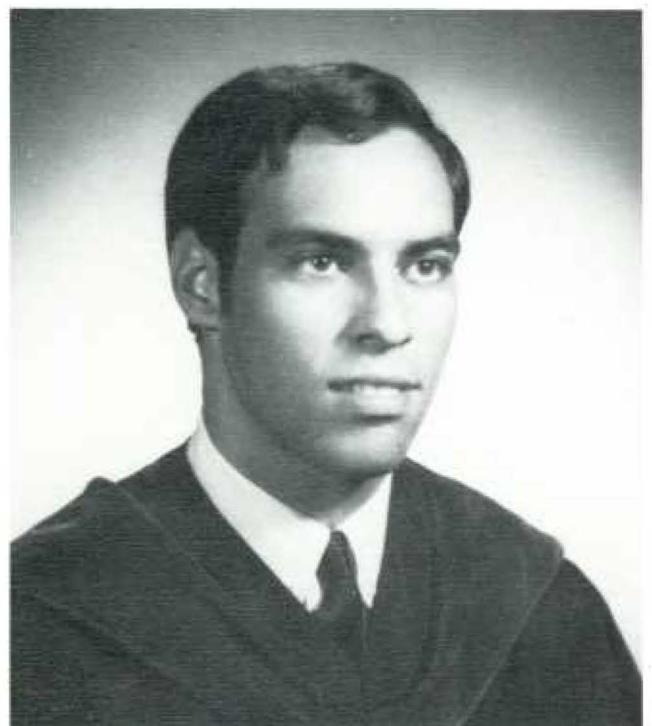
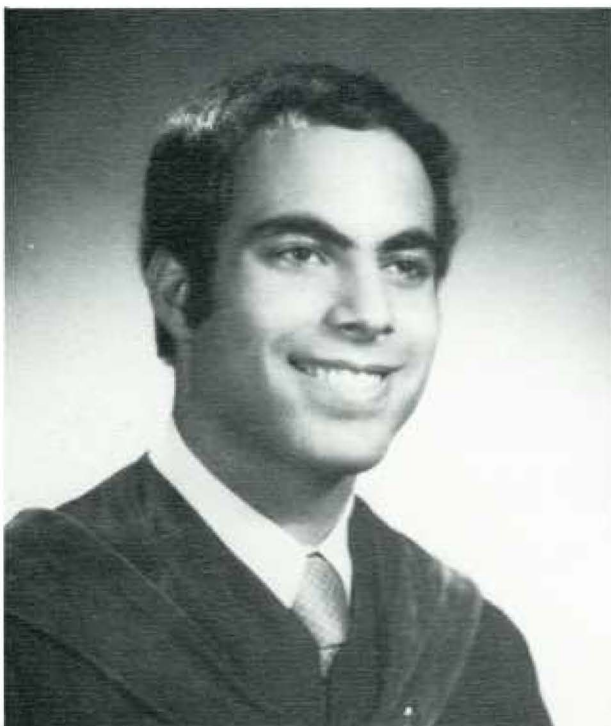


**LAWRENCE S. MILLER**  
Philadelphia

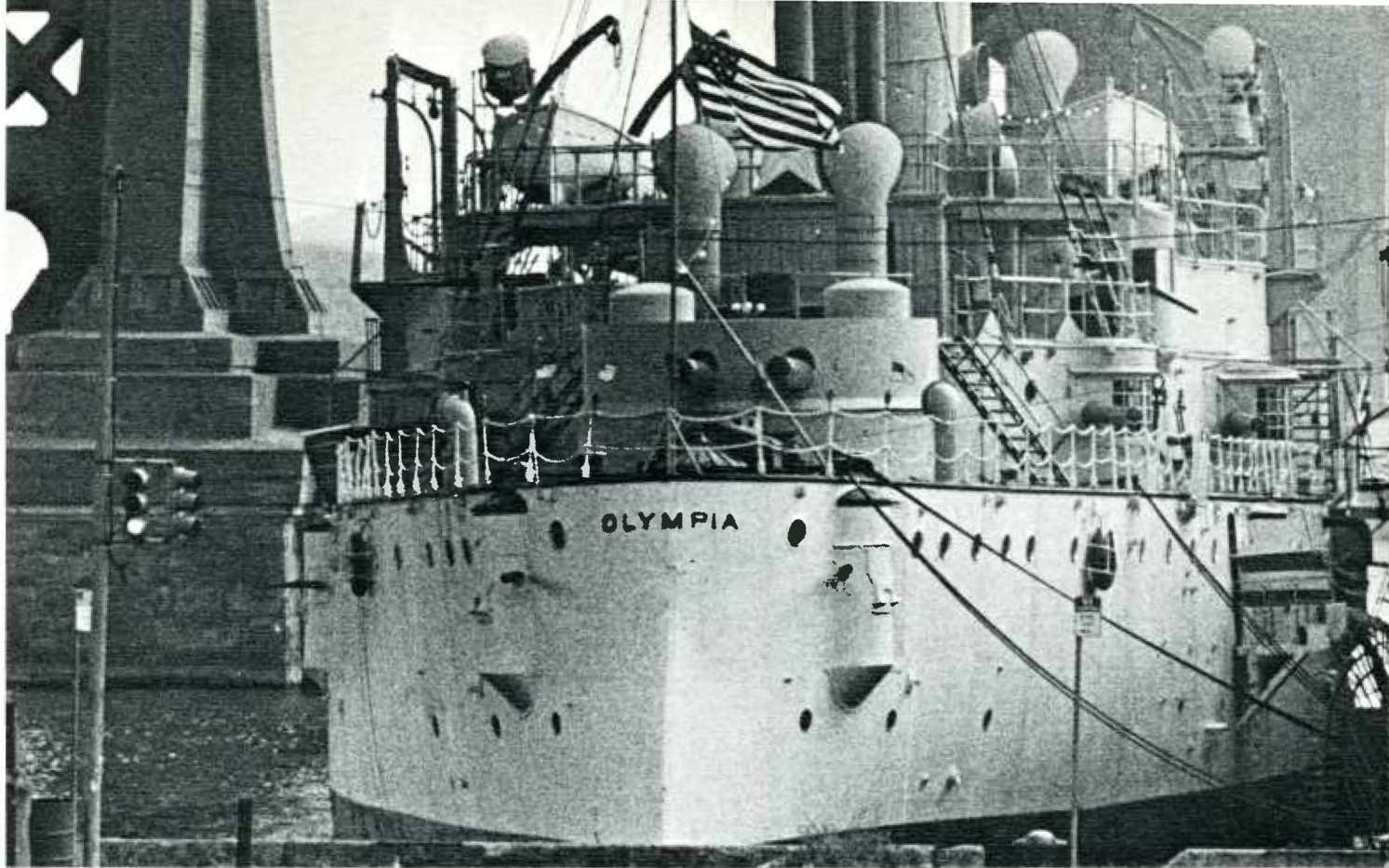
PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon, social chairman, vice president*  
Curriculum Committee  
Married Anita Pearlstein, 1969  
Neurosurgery

**PHILIP TERRY MINER**  
Pittsburgh, Pa.

UNIVERSITY OF PITTSBURGH, B.S. 1966  
*Nu Sigma Nu*  
Pediatrics

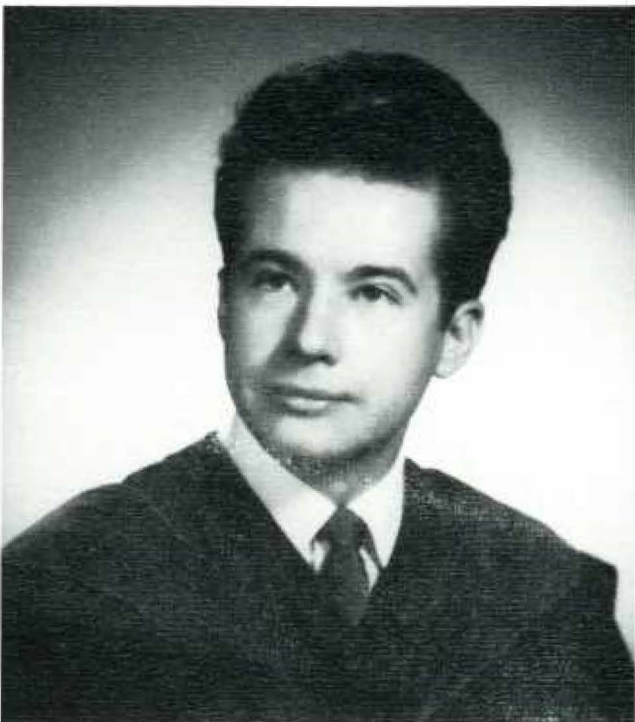






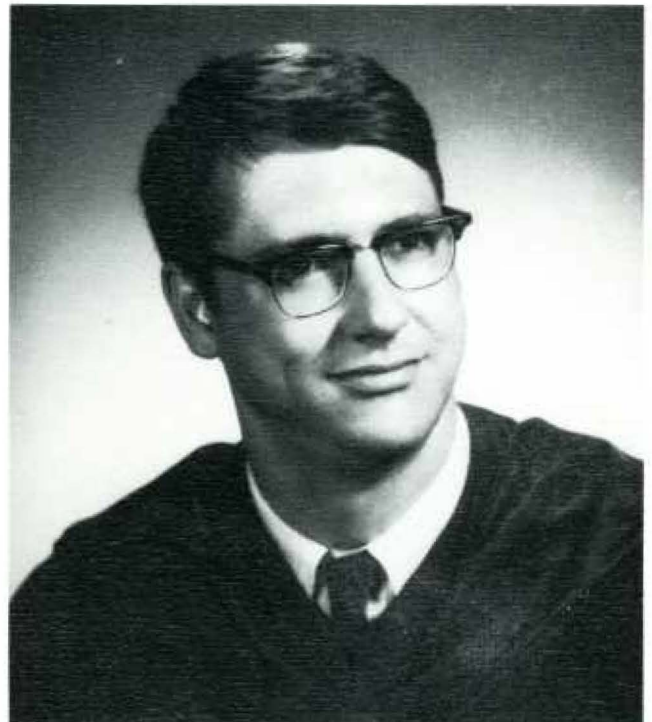
**ALFRED M. MONKOWSKI**  
Wallington, N.J.

RUTGERS UNIVERSITY, A.B. 1966  
*Phi Alpha Sigma*  
Christian Medical Society, Clinic photographer  
*Internal Medicine*



**JOHN BRADFORD MONROE**  
Darien, Conn.

POMONA COLLEGE, B.A. 1965  
Alpha Omega Alpha  
Married Candace Kattelle, 1966  
*Internal Medicine*

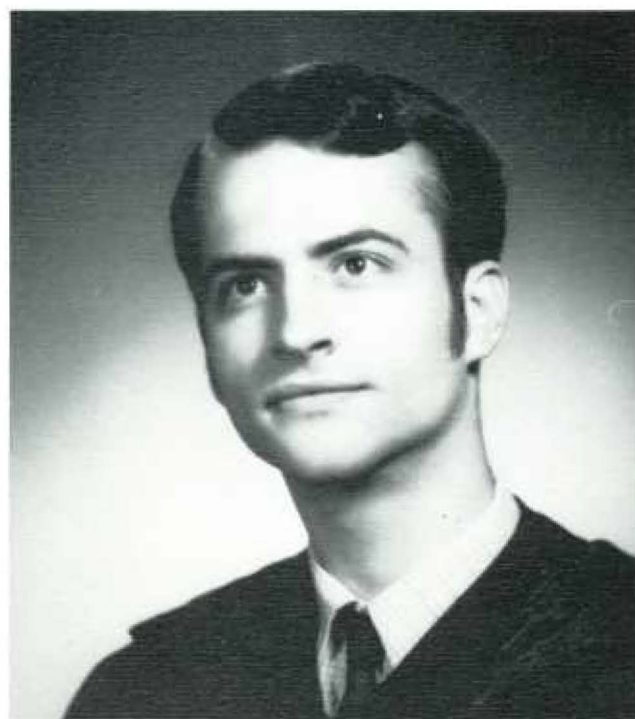






**WILLIAM MASSIE MURRAY**  
Camp Hill, Pa.

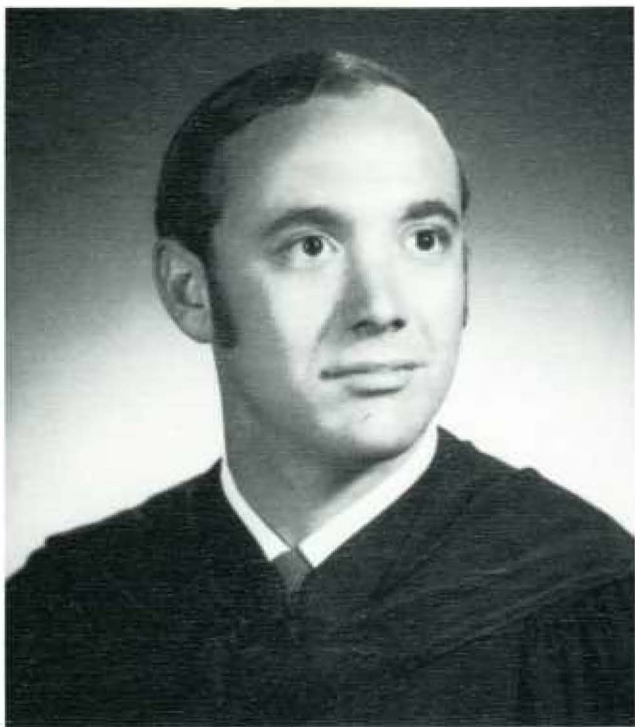
HAVERFORD COLLEGE, B.Sc. 1957  
YALE UNIVERSITY, M.Eng. 1959  
*Alpha Kappa Kappa*  
Married Jane Wilson Everhart, 1967



**LARRY STEWART MYERS**  
Lancaster, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Theta Kappa Psi, Phi Alpha Sigma*  
*Psychiatry*





**RICHARD LLOYD NEMIROFF**  
Oradell, N.J.

CORNELL UNIVERSITY, A.B. 1964

*Nu Sigma Nu*

President of Sophomore, Junior and Senior Class; President's Student-Faculty Committee; Dean's Committee; Jefferson Hall Commons Governing Board; Dean's Ad Hoc Committee on Minority Admissions; Sims Society; Student Council

Married Barbara Ellen Levinson, 1969

*Obstetrics & Gynecology*



**JAMES M. NEUBECK**  
Hatboro, Pa.

UNIVERSITY OF PITTSBURGH, B.S. 1966

Sims Society, Intramural Football

Married Barbara Reinheimer, 1967

*Obstetrics & Gynecology or Ophthalmology*

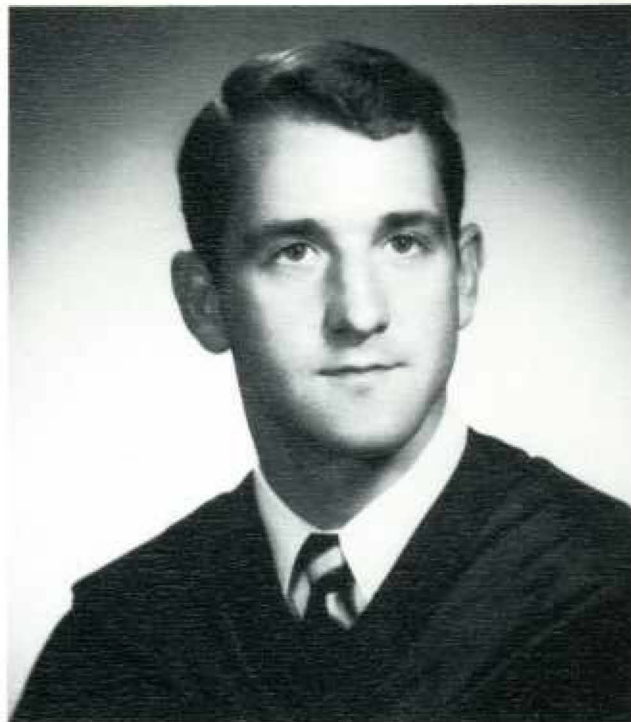






**WILLIAM EDWARD NOLLER**  
Clifton Heights, Pa.

MASSACHUSETTS INSTITUTE OF TECHNOLOGY, B.S. 1966  
*Phi Alpha Sigma*  
Married Pamela Tross, 1967  
*General Practice*

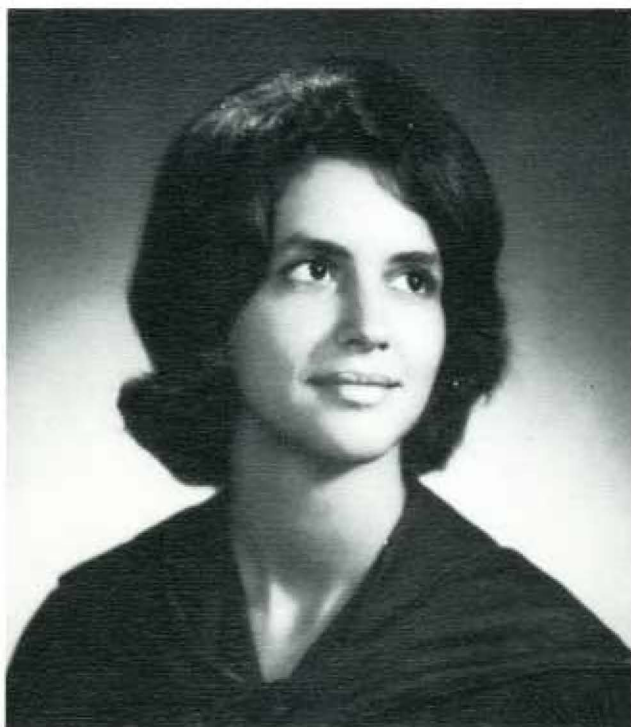


**JAMES NORWELL NUTT, III**  
Wallingford, Pa.

DARTMOUTH COLLEGE, A.B. 1966  
*Alpha Kappa Kappa*  
Kappa Beta Phi, Senior Portrait Committee

**MARIE V. OLIVIERI**  
Strafford, Pa.

IMMACULATA COLLEGE, A.B. 1966  
Anatomy Prize; Lange Medical Publications Awards; Pathology Prize; Roche Award; Alpha Omega Alpha, vice president; Hare Society; Sophomore, Junior, Senior Class Secretary; Senior Portrait Committee







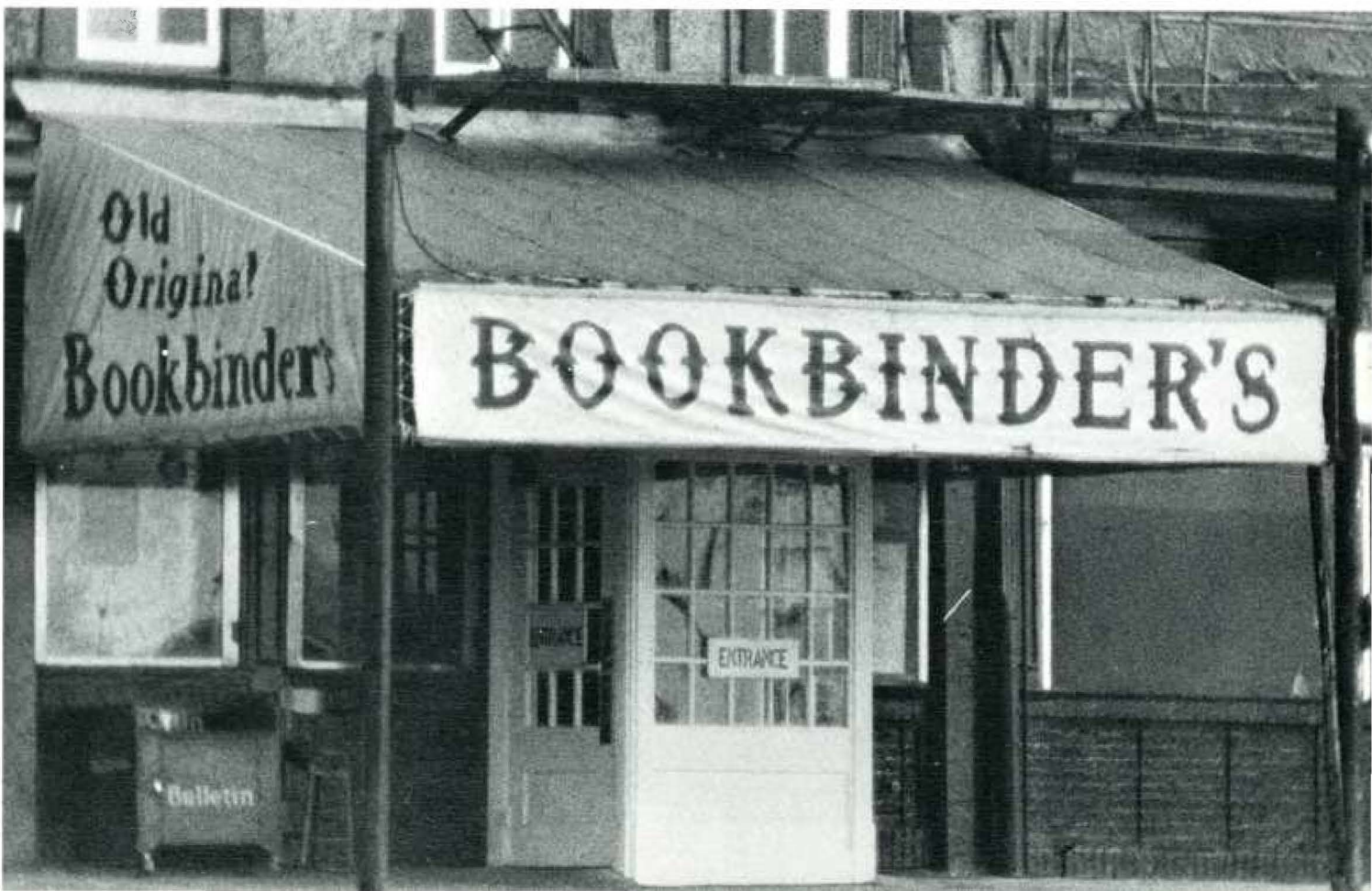
**RONALD JOHN PALMIERI**  
North Bergen, N.J.

ST. PETER'S COLLEGE, B.S. 1966  
*Phi Chi*  
*Obstetrics & Gynecology or Medicine*

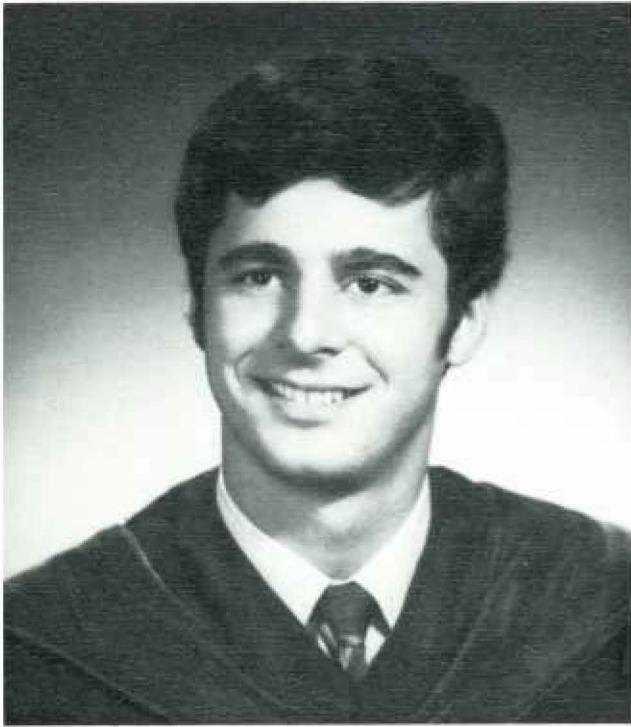


**DAVID ROY PASHMAN**  
Millville, N.J.

MUHLENBERG COLLEGE, B.S. 1966  
Sims Society, Hare Society  
Married Viki Sher, 1968  
*Internal Medicine*

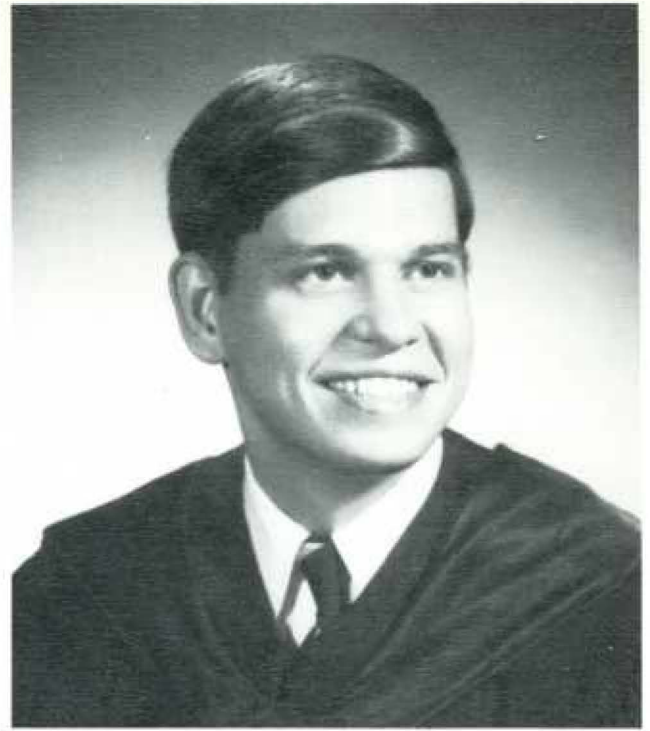






**JOHN FRANCIS PERRY**  
Media, Pa.

DARTMOUTH COLLEGE, A.B. 1966  
*Phi Chi*  
Married Barbara Griffith  
*Family Practice*

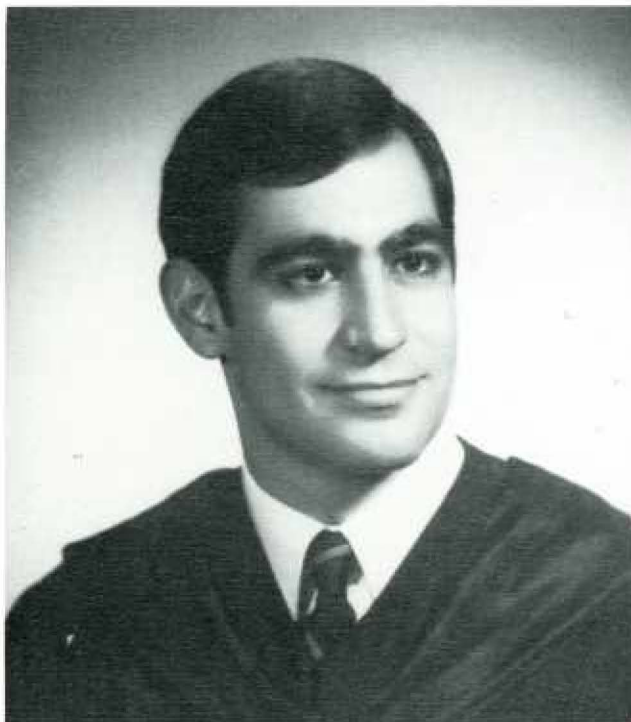


**WILLIAM J. PETERS**  
Philadelphia

LaSALLE COLLEGE, A.B. 1965  
*Nu Sigma Nu*  
Sims Society  
Married Patricia Knowles, 1968  
*Obstetrics & Gynecology*

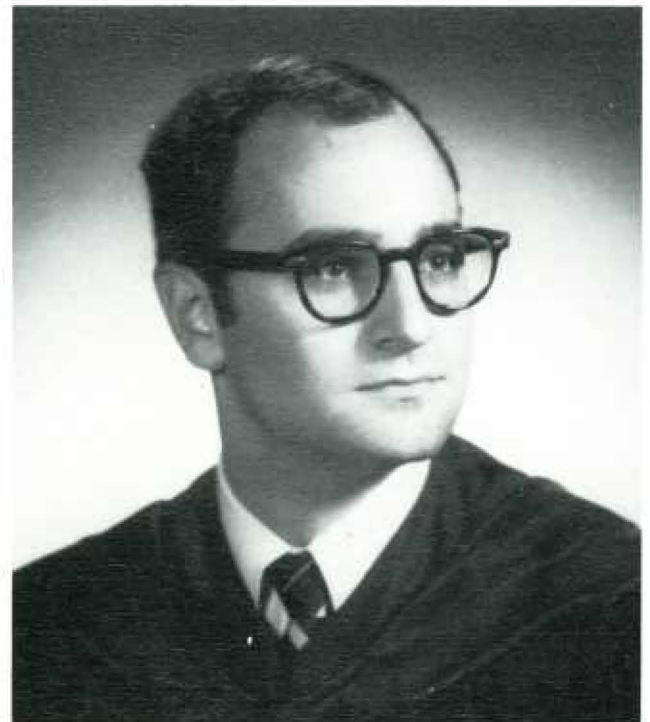
**PETER DARRELL PIZZUTILLO**  
Cherry Hill, N.J.

ST. JOSEPH'S COLLEGE, B.S. 1966  
SAMA, Orthopedics Society, Hare Society  
Married Barbara Schultz, 1968  
*Orthopedic Surgery*

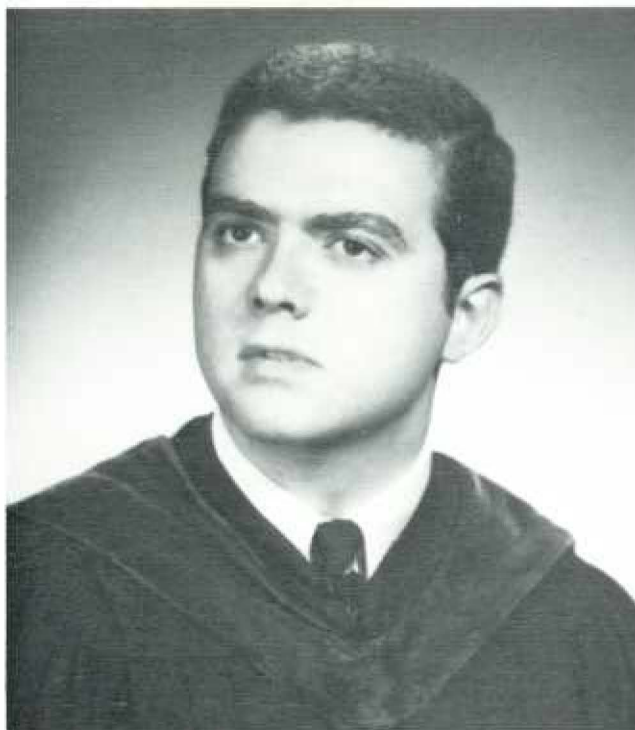


**HARRY S. POLSKY**  
Woodbury, N.J.

URSINUS COLLEGE, B.S. 1966  
*Phi Chi*  
Sims Society, Pediatrics Society  
Married Sharon Mae Eingorn, 1968  
*Surgery*







**CHARLES EDMUND QUAGLIERI**  
Hoboken, N.J.

ST. PETER'S COLLEGE, B.S. 1966  
*Alpha Kappa Kappa*  
Hare Society  
*Internal Medicine*



**DAVID JAMES RANDELL**  
Youngstown, Ohio

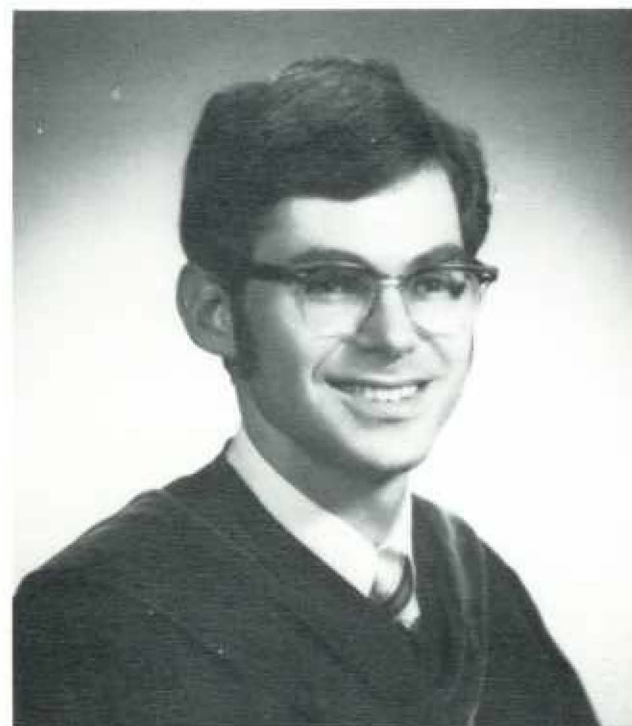
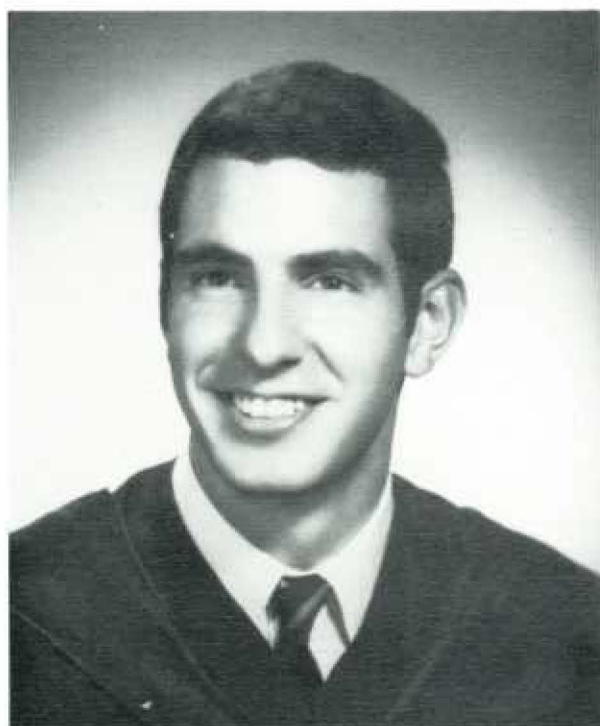
WESTERN RESERVE UNIVERSITY, B.A. 1966  
*Alpha Kappa Kappa*  
Sims Society, Hare Society, Kappa Beta Phi  
*Internal Medicine*

**JOHN REICHELL, III**  
Rosemont, Pa.

PRINCETON UNIVERSITY, A.B. 1966  
*Alpha Kappa Kappa*, vice president (1968-69), rush chairman  
(1967-68)  
Kappa Beta Phi; Junior and Senior Class vice president;  
Rugby Club; Curriculum Evaluation Committee  
*Reconstructive Surgery*

**ALLEN CHARLES RICHMOND**  
East Paterson, N.J.

RUTGERS UNIVERSITY, A.B. 1966  
*Phi Alpha Sigma*  
Senior Portrait Committee, Hare Society  
*Internal Medicine or General Practice*





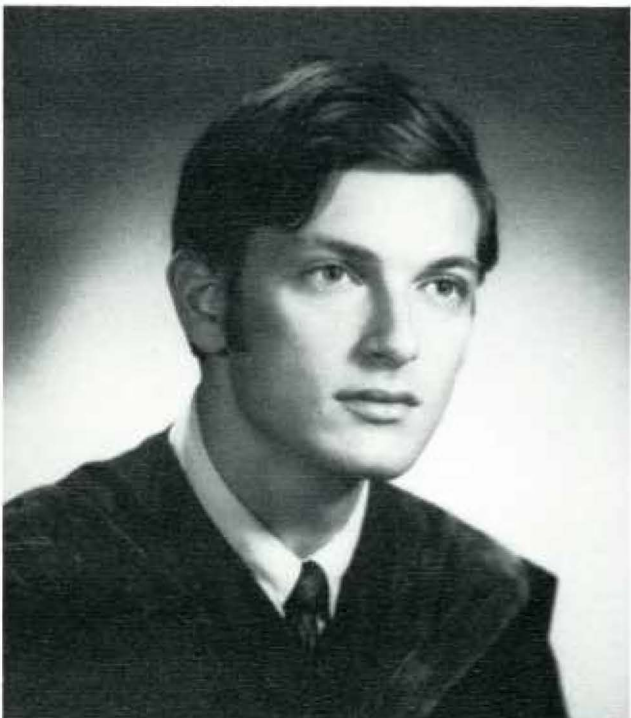
**CHRISTOPHER CHARLES ROSE**  
**Butler, Pa.**

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Alpha Sigma, steward*  
*Internal Medicine*



**MILTON DAVID ROSSMAN**  
**Atlantic City, N.J.**

UNIVERSITY OF PENNSYLVANIA, B. A. 1966  
*Alpha Kappa Kappa, assistant steward*  
Student Research Society, Student Medical Forum, Dons  
Program, Hare Society  
Married Gretchen Brown, 1969  
*Internal Medicine*





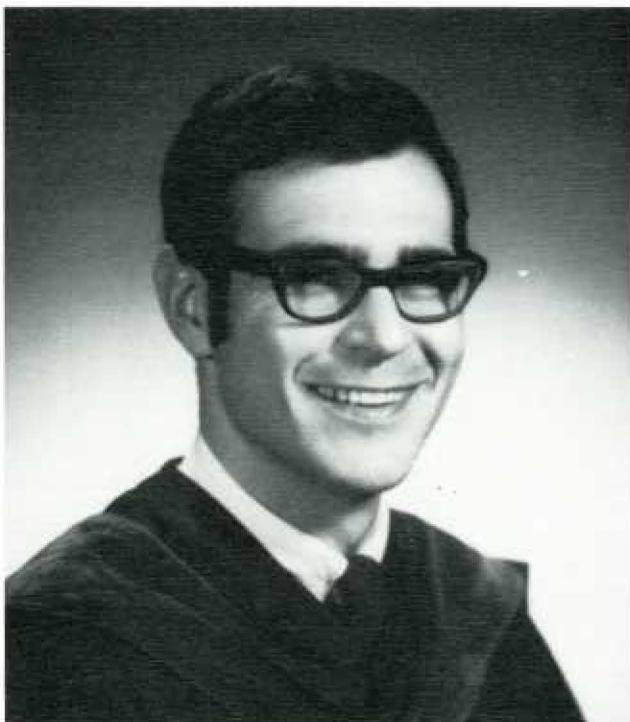
**ROBERT IRA SALASIN**  
**Wildwood Crest, N.J.**

VILLANOVA UNIVERSITY, B.S. 1965  
*Alpha Kappa Kappa*  
*Alpha Omega Alpha*  
Married Bonnie Kelly, 1963  
*General Surgery*

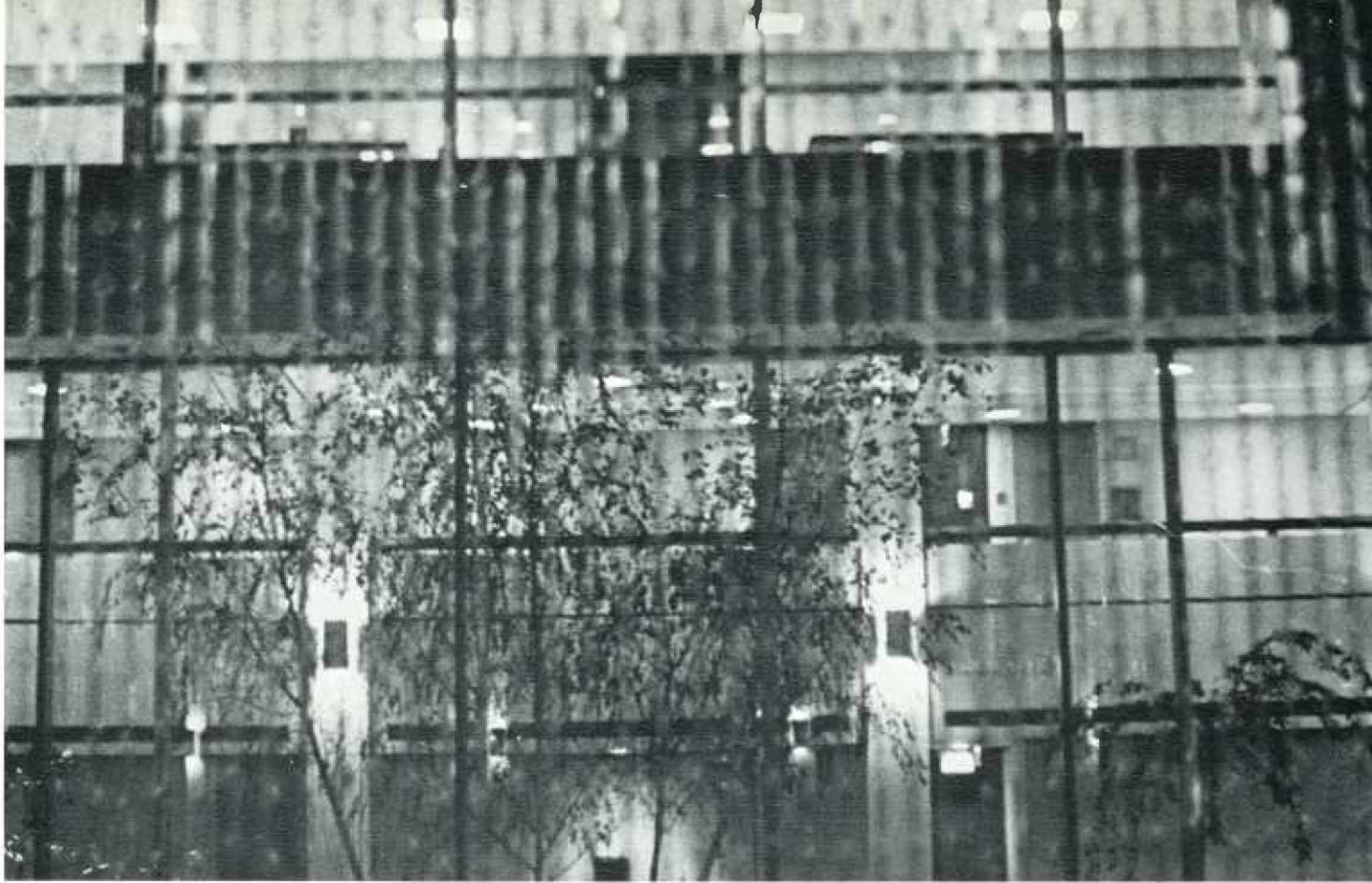


**CHARLES ROBERT SCHLEIFER**  
**Philadelphia**

ALBRIGHT COLLEGE, B.S. 1962  
RUTGERS UNIVERSITY, M.S. 1967  
Sims Society, president; Hare Society; Senior Portrait Committee; Curriculum Evaluation Committee; Alpha Omega Alpha  
Married Martha Furman, 1967  
*Otolaryngology*

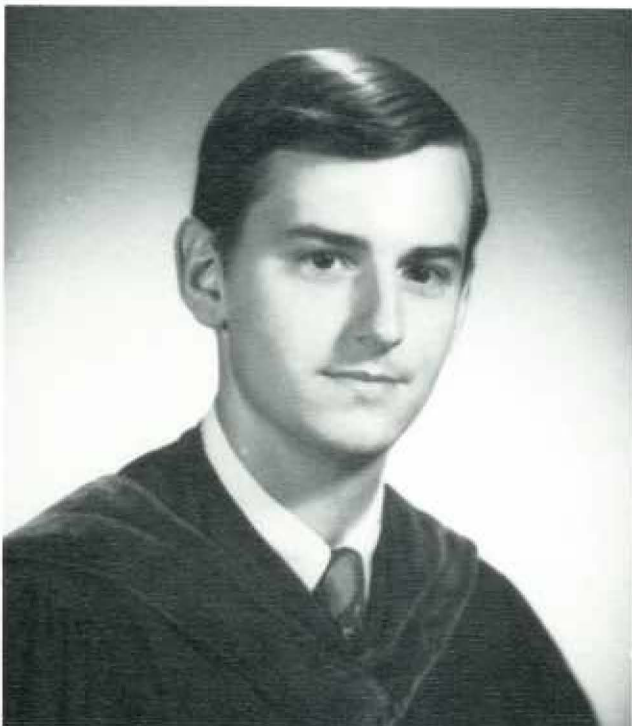






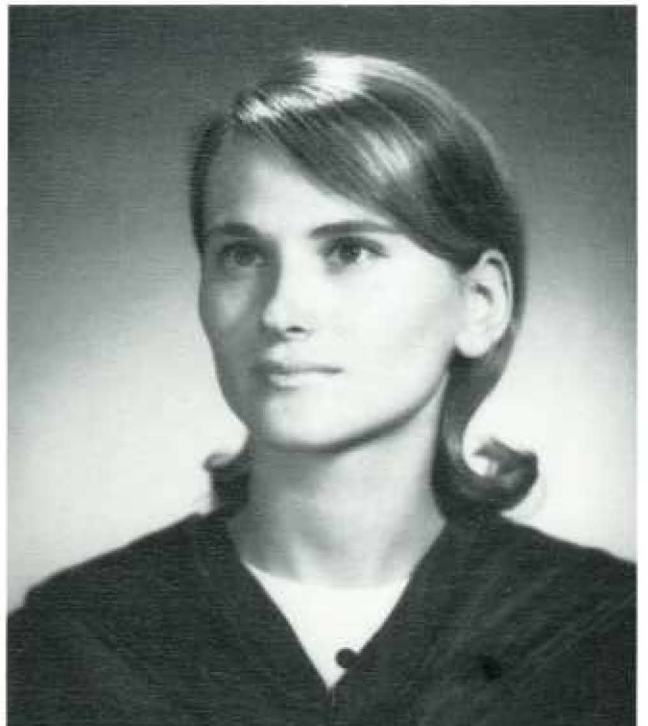
**GLENN D. SCHNEIDER**  
Media, Pa.

LEHIGH UNIVERSITY, B.S. 1966  
*Phi Chi, Student Council representative, Carey Anatomy Award*  
 Kappa Beta Phi; Student Council Sophomore Election Committee  
*Surgery*



**JUDITH PARKER SCHWARTZ**  
Linden, N.J.

BOSTON UNIVERSITY, A.B. 1966  
 Sims Society, Student Council, Pediatrics Society, SAMA  
 Married Burton W. Schwartz, M.D., 1969

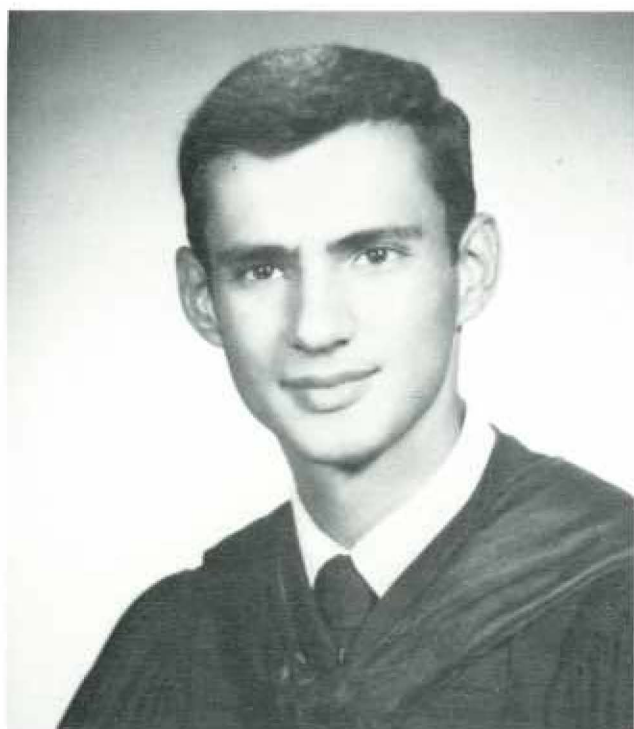






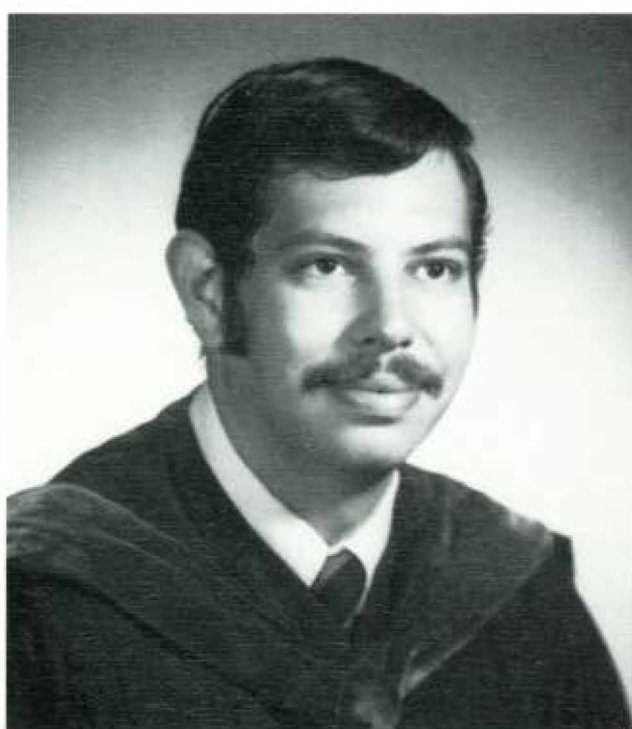
**PETER VINCENT SCOLES**  
New Shrewsbury, N.J.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Alpha Sigma, secretary (1967, 1969), vice president (1968)*  
Kappa Beta Phi

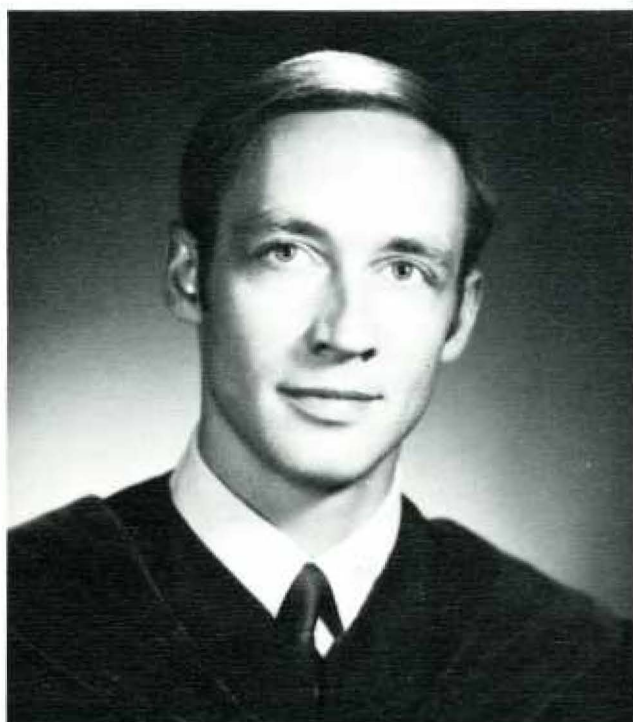


**PAUL MATTHEW SELINKOFF**  
Wilmington, Del.

UNIVERSITY OF DELAWARE, B.A. 1966  
Sigma Chi, Hare Society  
Married Carol Kissel, 1966







**PARKER McLEAN SEYMOUR**  
Toledo, Ohio  
UNIVERSITY OF TOLEDO, B.S.



**JOHN MICHAEL SHOVLIN**  
Waymart, Pa.  
ST. JOSEPH'S COLLEGE, B.S.



## activist at work

If we are really going to have a revolution in medicine—to make this country a better place to live—politically committed medical students are going to have to find ways to stay active after they leave school.” This was a major consideration as Ron Blum pondered the choice of an internship early this year. His goal is to remain active in helping to bring about a better health-care system for America—“consumer control of medicine,” as he puts it. Ron expects to serve his internship with a group of like-minded former medical students in a program heavily weighted with experience in community medicine. He discussed his rationale in an interview earlier this year with *The Clinic*.

Too often in the past, active students got lost in their internships, he contends. They had responsibility for patients—for the first time, really—and didn’t have time for social issues.” The problem wasn’t one of time alone, he adds, for there were few opportunities to remain active. Now, he says, there are a few internship programs around the country where former student activists can gather and “feed on each other’s ideas.” As these programs become more prevalent—and more medical students become interested in revising the health-care system—Ron believes medical care will be improved for a sizable segment of the population. Ron’s views on medicine are widely known—and widely misunderstood, he contends—among his classmates, many of whom consider them opprobrious. He knows he is disliked by some of his fellow students but believes their attitudes are unjustified, and based on either misinformation or lack of communication. The problem, he contends,

Ronald I. Blum



started with a lack of understanding of his role on the Student-Faculty Curriculum Committee. Outright opposition from his classmates surfaced a few months after he assumed the chairmanship of the Student Council Curriculum Committee in the Fall of his Sophomore year. A petition was circulated among his classmates, he explained, objecting to the activities of the committee and complaining that it was not representative of the class.

Much of the opposition, Ron feels, arose from those “who didn’t like my politics,” which he describes as “radical.” Despite his personal feelings, Ron insists, “I tried to find out what the students wanted and I feel we did what the students wanted” in arranging curriculum reforms.

His reaction to the petition was twofold—disappointment at being “accused of selfish motives” and anger that “those who hadn’t done anything were doing most of the complaining.” Vindication came, Ron believes, when the committee and its activities received, in effect, a vote of confidence from Student Council and he continued as chairman—a post he now shares with Mike Starrels, a junior.

One of Ron’s goals on the Curriculum Committee was to institute—with student support and consent—courses designed to give budding physicians more social awareness. These should be mainly electives, he believes, contending “they shouldn’t be forced on anybody.” Unless such reforms are instituted, and unless more doctors become interested in social issues, Ron believes the health-care system will be made over by the politicians—and the results, he says, will be detrimental for the patients, as well as physicians. The answer, he believes, is that the physicians should encourage consumers of health care to take the lead in reshaping the system with the needs of the patient primarily in mind. To bring this about, some doctors will have to specialize in political and social medicine, which Ron believes will be accorded the same respect and prestige in the future as any other specialty. He cites several evolving residency programs that are aimed in this direction. Success will come, Ron says, when American doctors turn away from their traditional American Medical Association spokesmen and embrace reform. He views the AMA as the bulwark of a system that has failed to deliver quality health care to both rich and

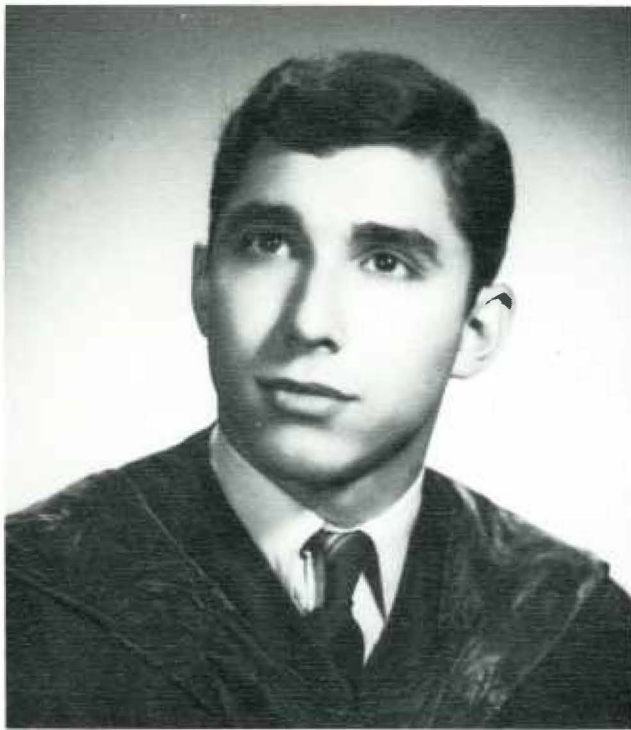
poor in the face of the most advanced medical technology in the world. “No place in the world can match the treatment available at our medical centers,” Ron agrees, but he stresses that this treatment isn’t available to all. If physicians work for reforms benefitting patients, Ron believes doctors will be able to maintain their integrity and high medical standards.

The main changes, as he describes them, will be in the attitude of physicians—and this will start at the medical school level. The present system, Ron says, is dehumanizing—to both patients and students. Most medical students begin their education as idealists, Ron says, but they soon lose their zeal. This is mainly a failing of the system, he says, and not of the individuals involved. It occurs partly because there is minimal exposure to patients in the preclinical years, and in the clinical years “patients often are treated as cases, not people.” Another problem, he contends, is the tendency of the present system to create “M. Deities”—a term he admits he did not coin. Ron hopes curriculum reforms will go a long way toward preserving the medical student’s initial idealism, and in making him aware of a social responsibility.

He cites his experience as an example of what he hopes will happen to more students in the future. A graduate of Albright College in Reading, his hometown, Ron entered Jefferson with a great deal of idealism and naivete. He says he was blind to the dehumanizing influences throughout his freshman year, but became aware of them the next Summer while participating in a Student Health Organization project in California. He returned from California with the hope of establishing a similar project in Philadelphia (which he did) and of working for curriculum reform at Jefferson. Since then, in addition to his work on the Curriculum Committee, he has remained active in the Student Medical Forum (SHO at Jefferson), the Medical Committee for Human Rights, the Dean’s Task Force on Counseling and the Committee on Black Admissions.

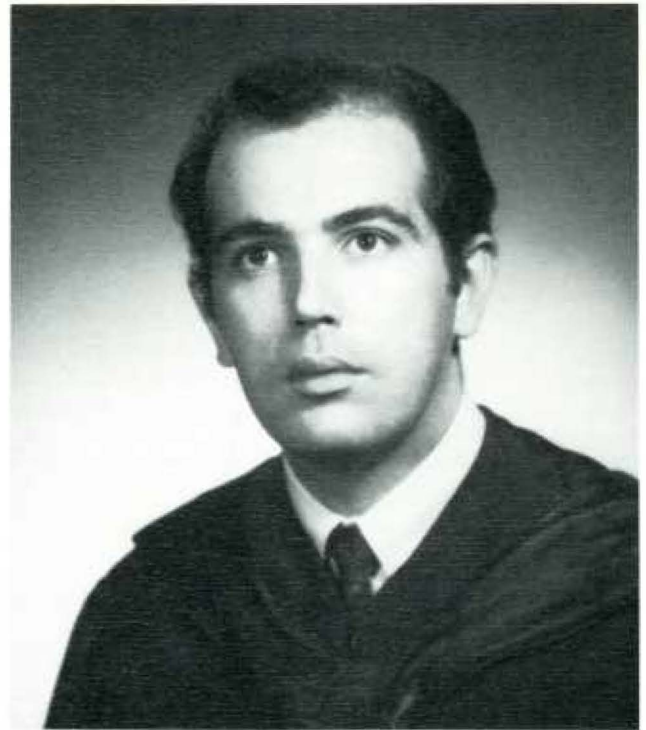
The primary goal of a politically active practitioner must remain the practice of quality medicine, Ron believes, because “it’s no good if you’re a good politician but a lousy doctor.” He hopes political action will make it easier for all physicians to be good doctors.





**JOSEPH STEPHEN SKOLOFF**  
**Orange, N.J.**

UNIVERSITY OF PENNSYLVANIA, B.A. 1966  
 Freshman Class Vice President  
 Married Janice Geller, 1966  
*Obstetrics & Gynecology*



**FREDERICK C. SKVARA**  
**Somerville, N.J.**

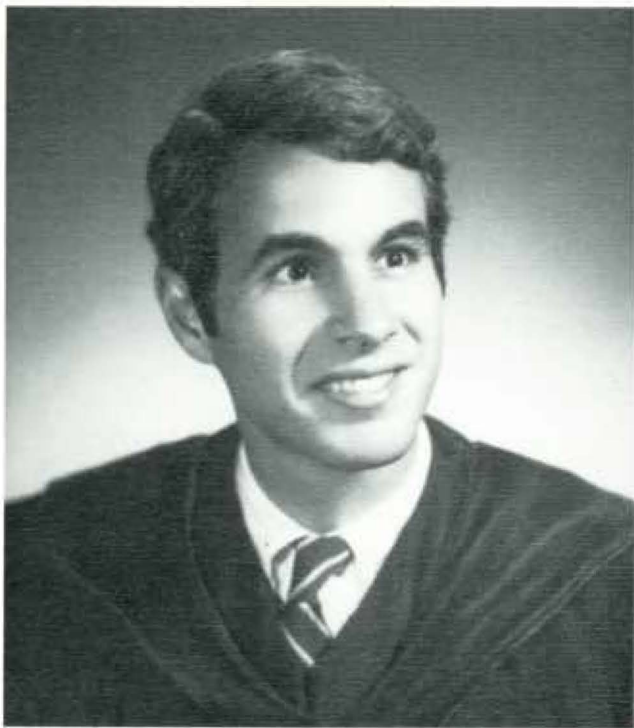
RUTGERS UNIVERSITY, B.S. 1966  
 Married Margaret Kelemen, 1968

**PHYLLIS MARGARET (STORM) SMOYER**  
**East Pittsburgh, Pa.**

PENNSYLVANIA STATE UNIVERSITY, B.S. 1965  
 Pediatrics Society  
 Married John Smoyer, 1965  
*Pediatrics*







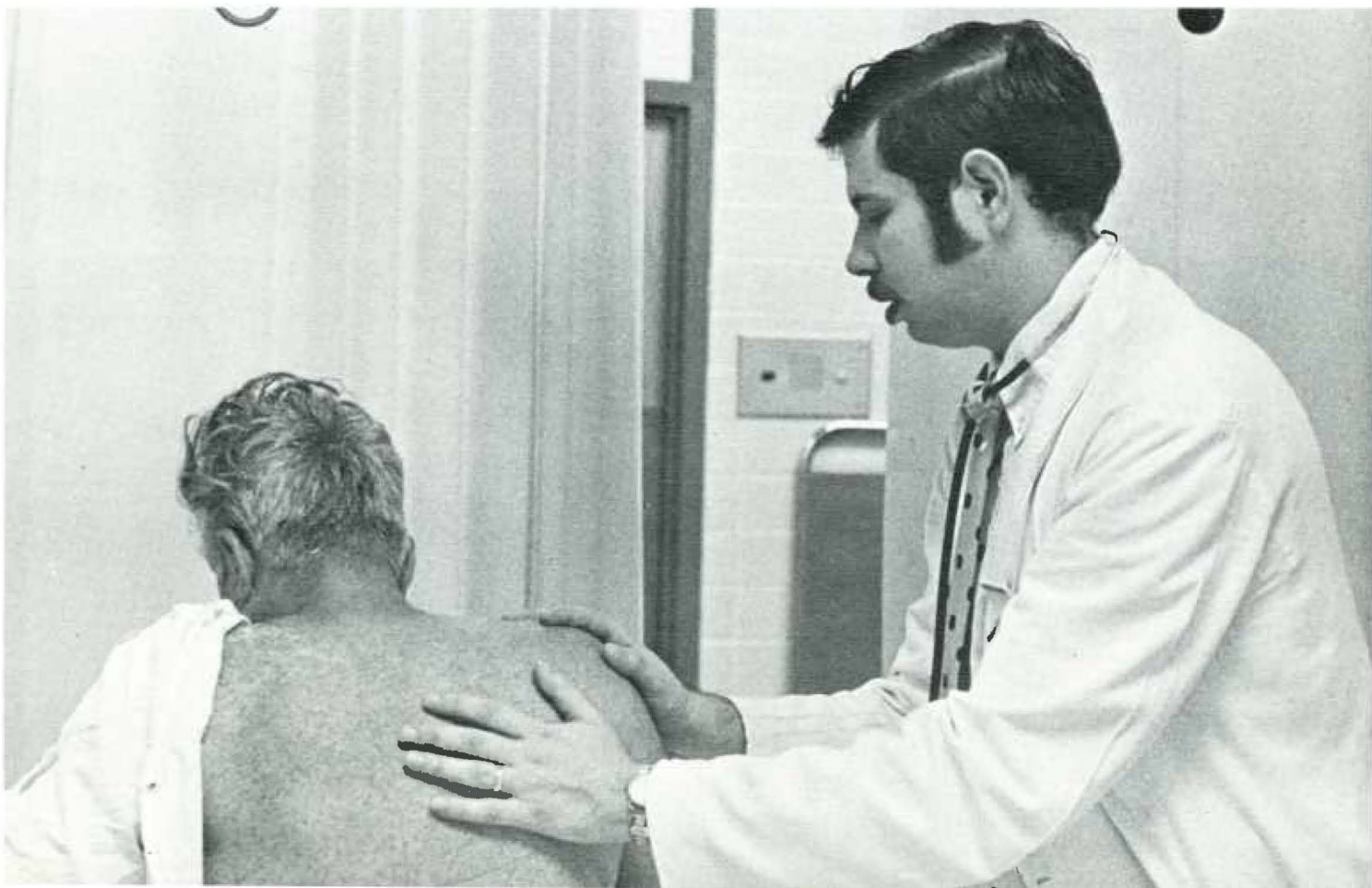
**ARIS M. SOPHOCLES, JR.**  
Yardville, N.J.

HARVARD UNIVERSITY, A.B. 1966  
Project Haiti, director (1969-70); Cultural Committee, chairman (1969-70)  
*Clinical Immunology*

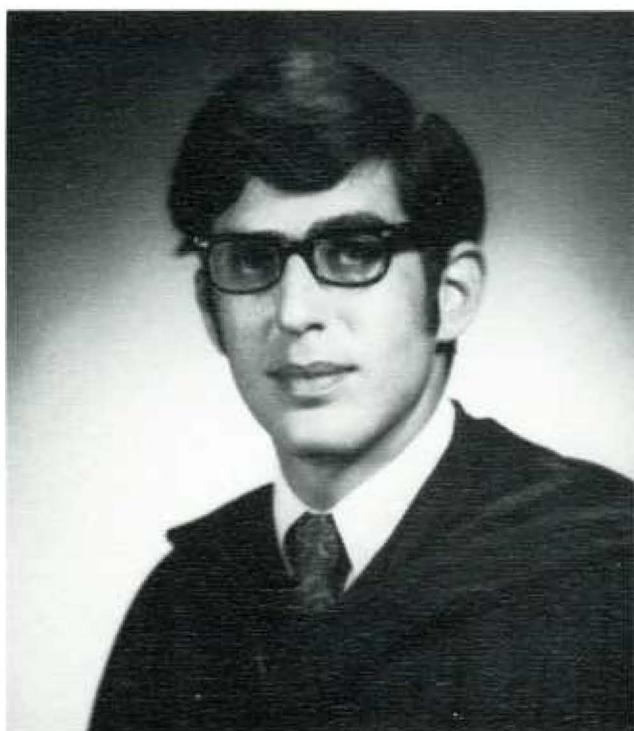


**RICHARD GUY SOWDEN, JR.**  
Endwell, N.Y.

HARPUR COLLEGE, B.A. 1966  
*Alpha Kappa Kappa*  
Married Margi Mead, 1968  
*General Surgery*

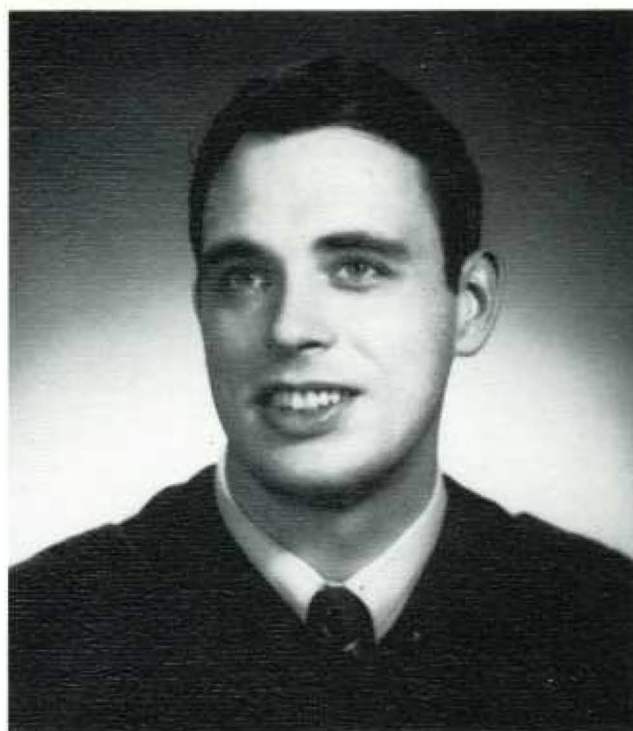






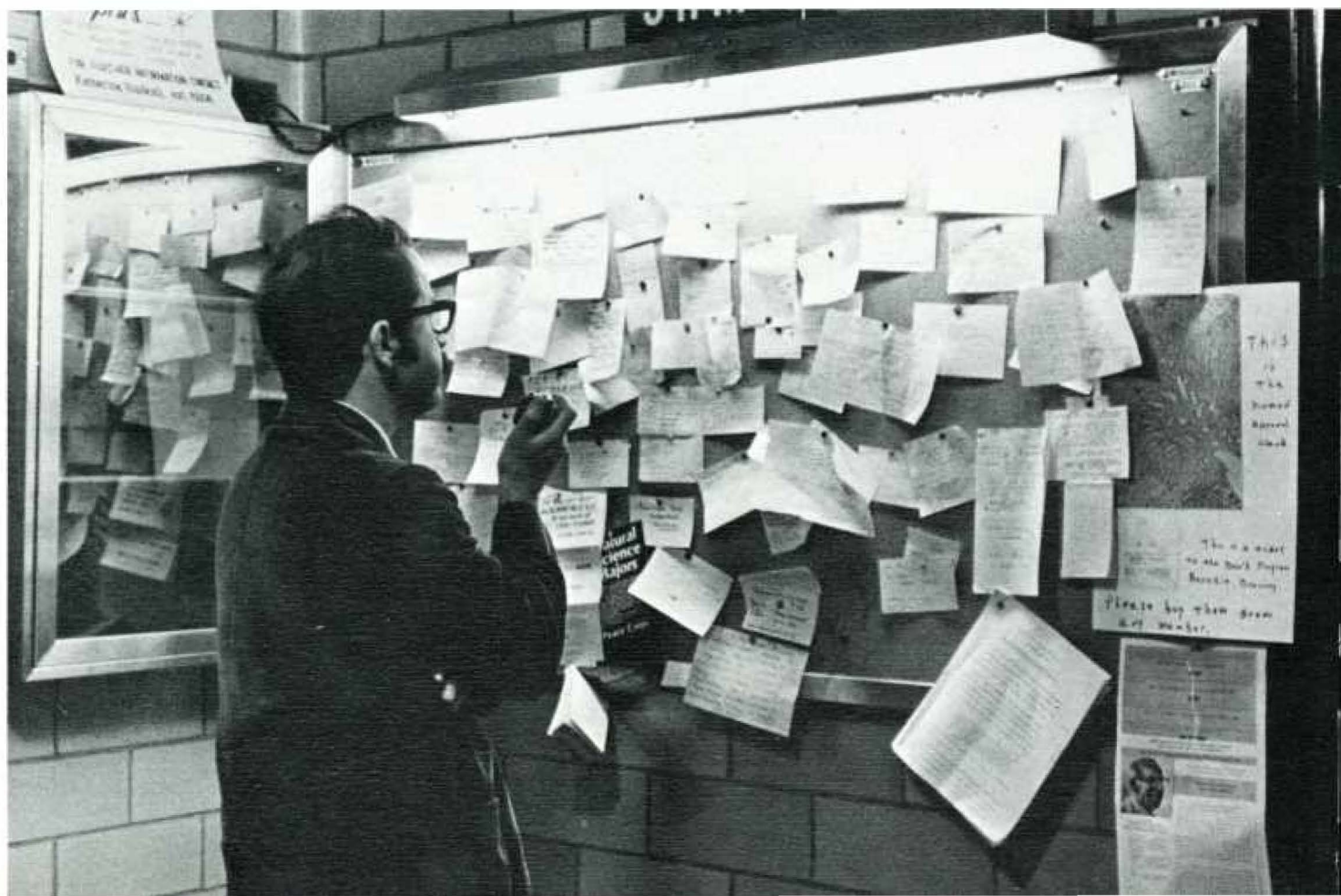
**DAVID M. SPIEGELMAN**  
Philadelphia

LaSALLE COLLEGE, BA. B.A. 1966  
*Phi Chi*  
Kappa Beta Phi, Alpha Omega Alpha  
Married Barbara Merion, 1968

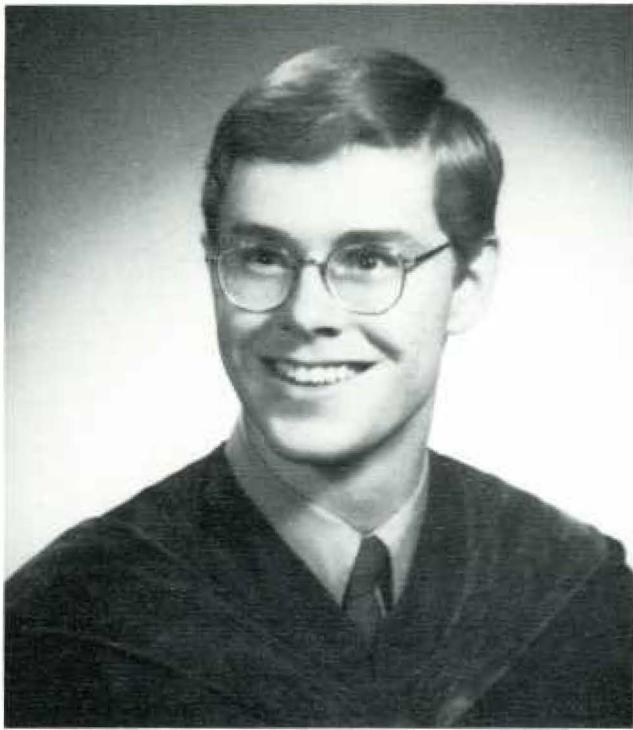


**KENNETH EDWARD STARZ**  
Pittsburgh, Pa.

NEW YORK UNIVERSITY, B.A.  
MANHATTAN SCHOOL OF MUSIC, B. Mus.

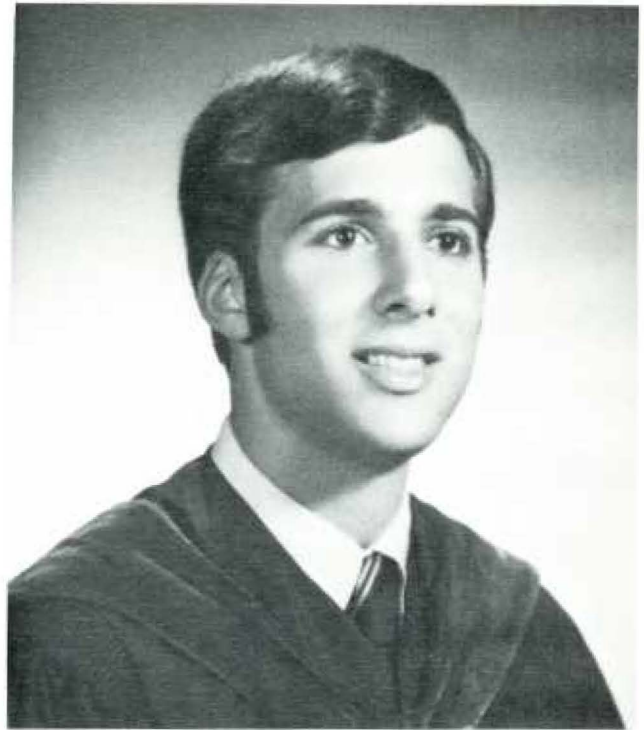






**JOSEPH WEBSTER STAYMAN, III**  
Philadelphia

ST. LAWRENCE UNIVERSITY, B.S. 1966  
Married Helen Rabinovitch, 1967  
*Surgery*



**ROBERT ALAN STEIN**  
Levittown, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Nu Sigma Nu, social chairman (1968-69)*  
Kappa Beta Phi, Hare Society  
*Internal Medicine*

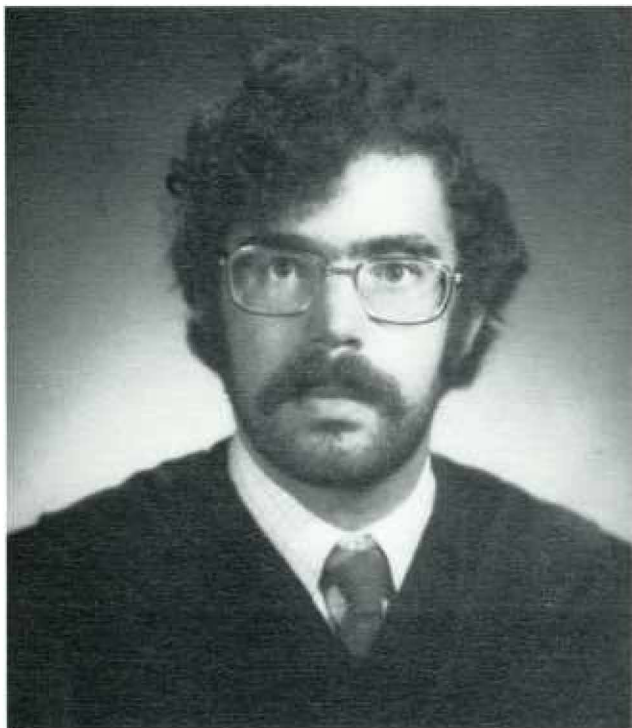


**MICHAEL BRUCE STEINBERG**  
**Havertown, Pa.**

VILLANOVA UNIVERSITY, B.S. 1966

*Phi Chi*

Kappa Beta Phi, president, Black & Blue chairman; Admissions Committee; Student Council, athletics committee chairman; Hare Society  
*Community Medicine*

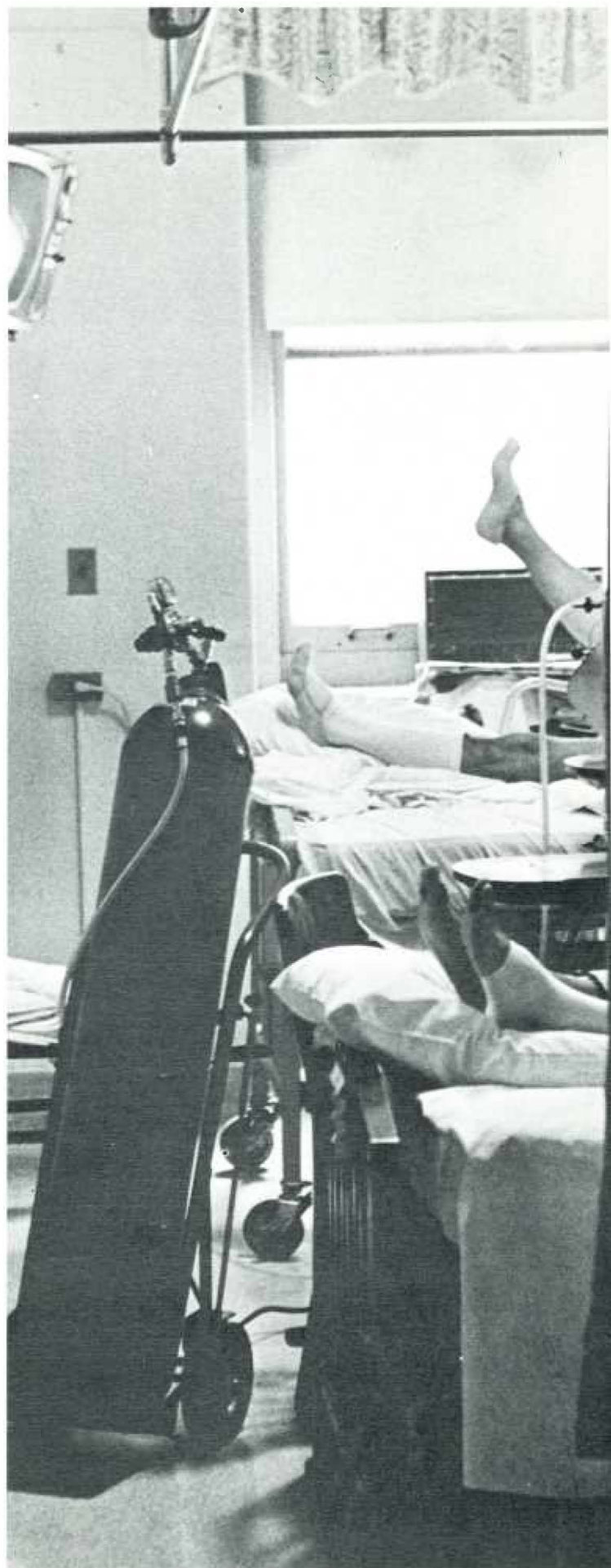


**PATRICIA MARIE (CONNER) STRELETZ**  
**Philadelphia**

IMMACULATA COLLEGE, A.B. 1964

VILLANOVA UNIVERSITY, M.S. 1967

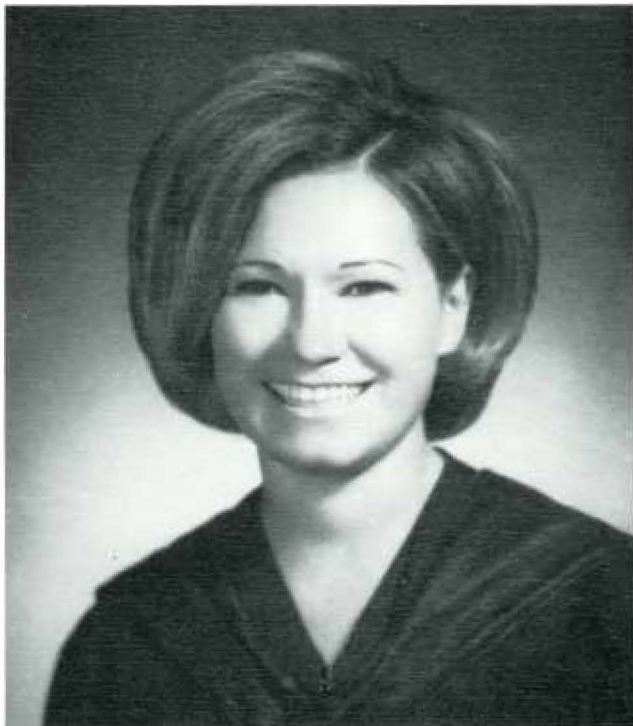
Sims Society, Pediatrics Society  
Married Leopold Streletz, 1968





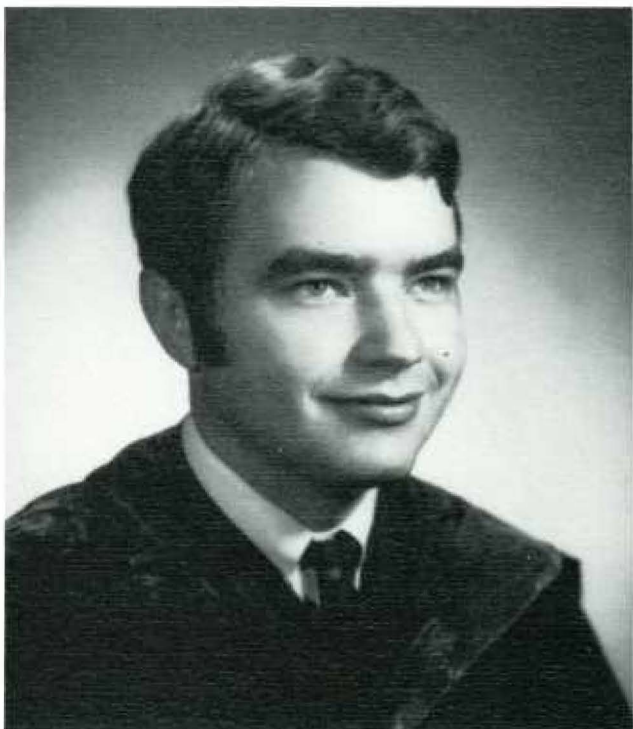
**MARY SARAH SUNDBORG**  
**Fairbanks, Alaska**

ST. FRANCIS COLLEGE, B.S. 1966  
Sama, Hare Society, Pediatrics Society, Alpha Omega Alpha  
*Pediatrics*



**STEPHEN ANTHONY SZAWLEWICZ**  
**Philadelphia**

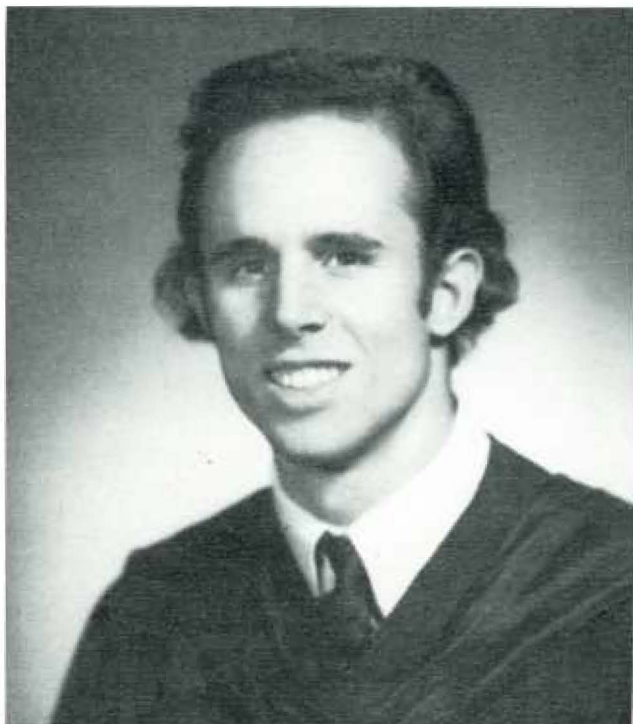
GEORGETOWN UNIVERSITY, B.S. 1966  
Married Ellen Holmes, 1966  
*Pediatrics*





**ROBERT FARWELL CHATFIELD TAYLOR, JR.**  
**Manchester, Mass.**

HARVARD UNIVERSITY, B.A.



**ROGER L. TERRY**  
**Akron, Ohio**

UNIVERSITY OF AKRON, B.S. 1966

*Phi Chi, president, vice president and rush chairman*

Kappa Beta Phi, 1968 Black & Blue Ball patrons chairman;

Dean's Committee; Orthopedics Society

Married Sandra L. Ponemon, 1969

*Surgery*







**JULIA KALLIPOLITOU TERZIS**  
Thessaloniki, Greece

ALBRIGHT COLLEGE, B.S. 1965  
Anatomy Prize  
Married Aristides Terzis  
Neurosurgery

**NATHAN OWEN THOMAS**  
Meyersdale, Pa.

MOUNT ST. MARY'S COLLEGE, B.S. 1966  
*Phi Chi, house manager, judge advocate*  
Kappa Beta Phi, Sims Society, Pediatrics Society  
*Family Practice or Ophthalmology*





**NEIL O. THOMPSON**  
Collingswood, N.J.

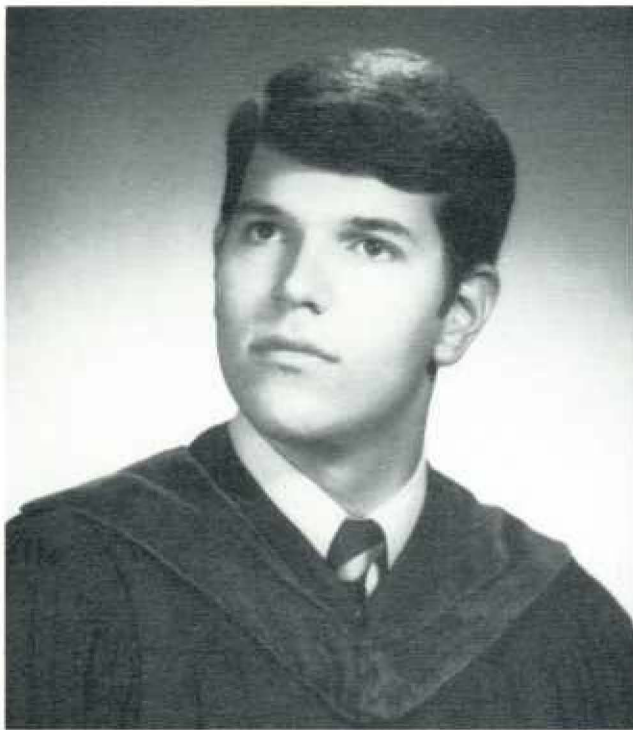
FRANKLIN & MARSHALL COLLEGE, B.A. 1966  
Christian Medical Society, president; Dean's Committee  
*Orthopedics*



**MARTIN ALAN TOBEY**  
Dallas, Tex.

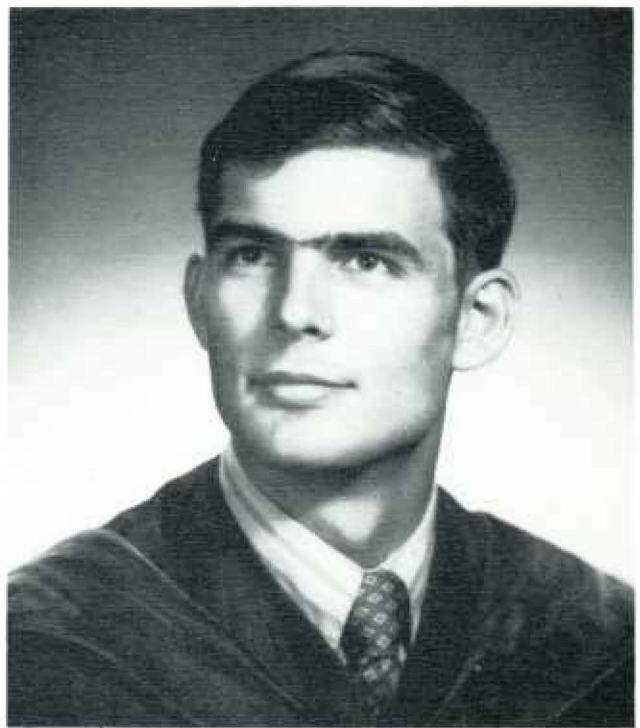
PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon, house manager*  
Hare Society, Alpha Omega Alpha





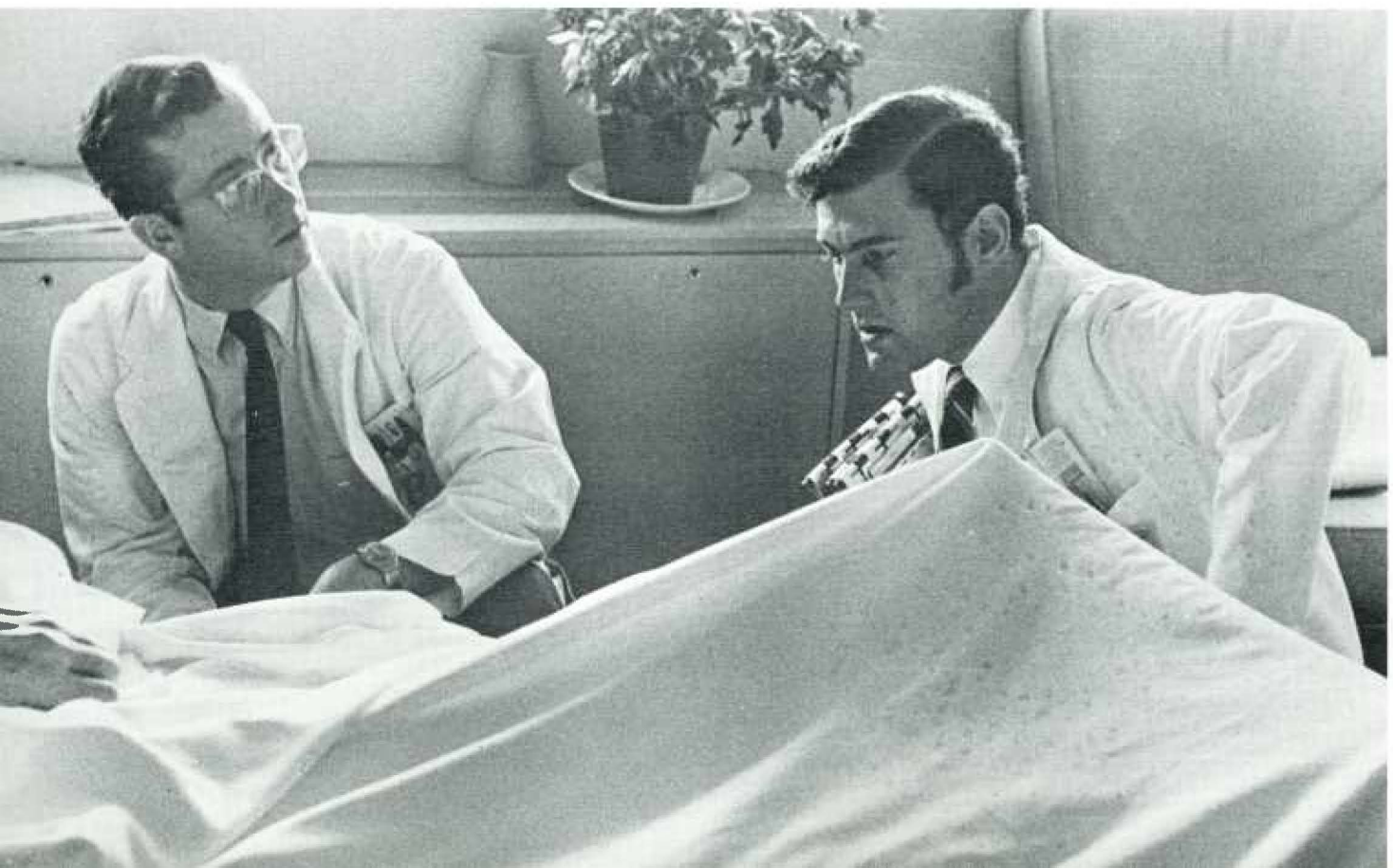
**HOWARD DAVID TOFF**  
Bala-Cynwyd, Pa.

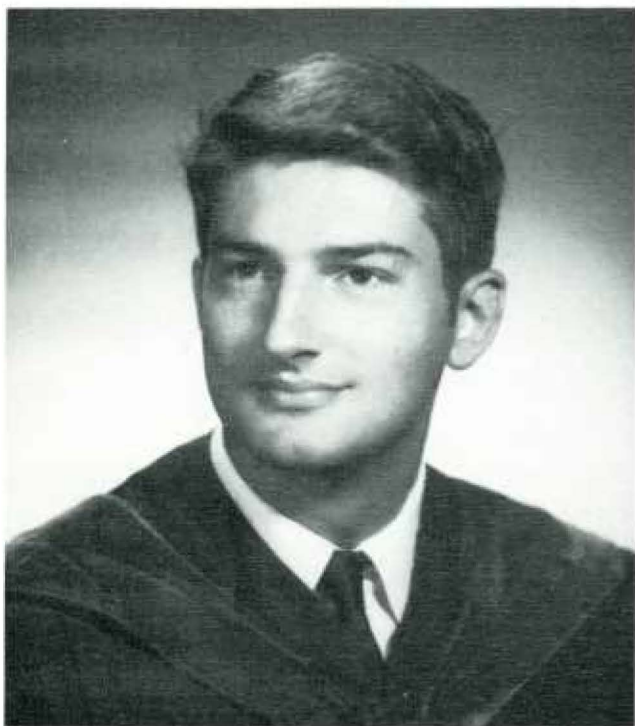
PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon*  
Student Curriculum Committee, Hare Society, Alpha Omega  
Alpha  
Married Elizabeth Block, 1970  
*Internal Medicine*



**DOUGLAS GERMOND TOLLEY, JR.**  
Swarthmore, Pa.

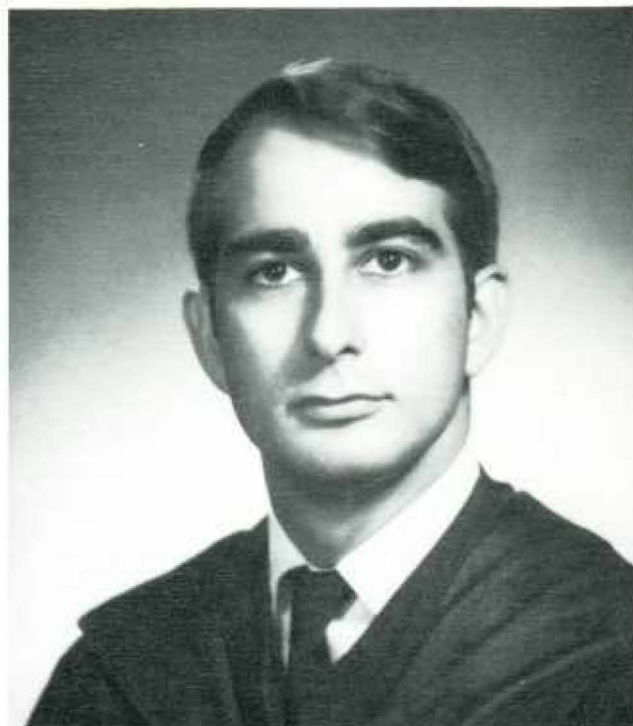
PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Alpha Sigma*  
Married Priscilla Kimball Brobeck, 1969  
*Obstetrics & Gynecology*





**CHARLES OLIVER TOMLINSON**  
Clark's Summit, Pa.

DARTMOUTH COLLEGE, A.B. 1966  
*Alpha Kappa Kappa, treasurer and president*  
Dean's Committee, Committee on Academic Protocol  
*Anesthesiology*



**LOUIS VIGNATI**  
Hartford, Conn.

UNIVERSITY OF PENNSYLVANIA, A.B. 1964  
AMERICAN UNIVERSITY, M.S. 1966  
Married Ruth McLaughlin, 1964  
*Internal Medicine*

**STEPHEN CARL VORON**  
Laverock, Pa.

PENNSYLVANIA STATE UNIVERSITY, B.S. 1968  
*Phi Delta Epsilon*

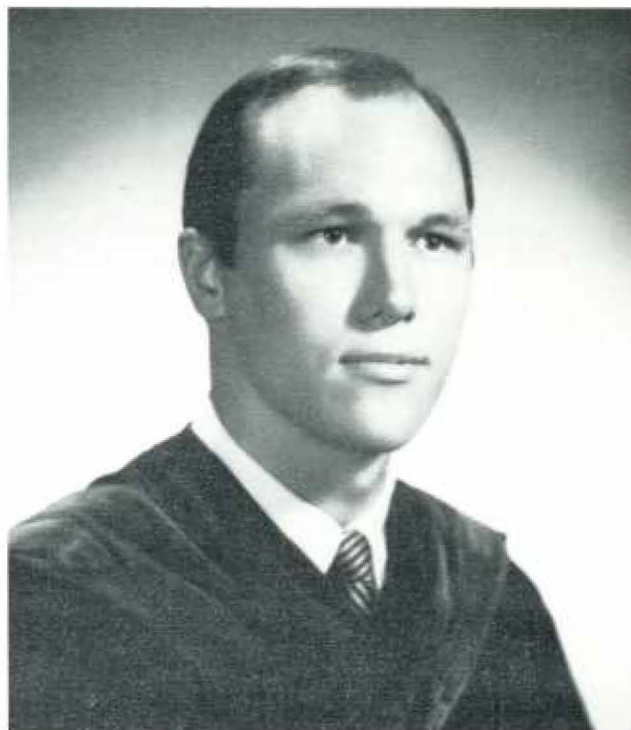






**FRANK GRIER WAKEFIELD**  
**Rehoboth Beach, Del.**

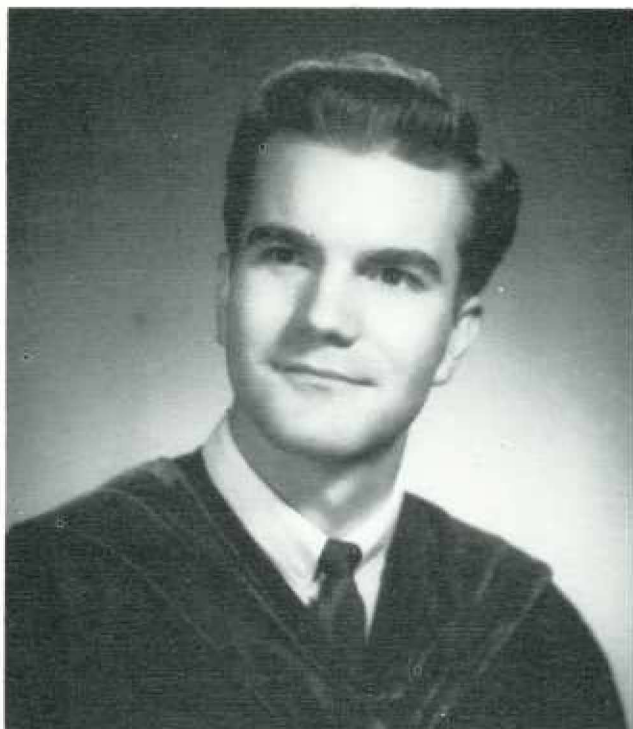
WASHINGTON & LEE UNIVERSITY, B.A. 1966  
*Alpha Kappa Kappa*  
 Married Carol Davis McNeilly, 1967



**JOHN PETER WALHEIM**  
**Bala-Cynwyd, Pa.**

LaSALLE COLLEGE, B.A. 1966  
 Married Francine Michele Whalen, 1968





**CHARLES ALBERT WALTERS**  
**Grantham, Pa.**

MESSIAH COLLEGE, B.A. 1966  
 Christian Medical Society, Alpha Omega Alpha, Dean's Committee, Hare Society  
*Internal Medicine*



**DAVID JOEL WEBER**  
**Fair Lawn, N.J.**

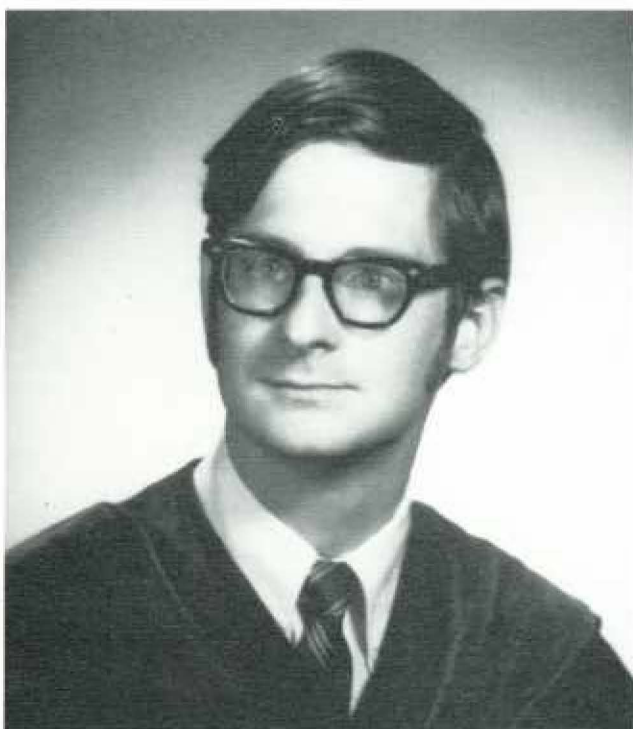
RUTGERS UNIVERSITY, A.B. 1966  
 Married Wendy Jane Packeri, 1967  
*Psychiatry*

**CALVIN L. WEISBERGER**  
**Kingston, Pa.**

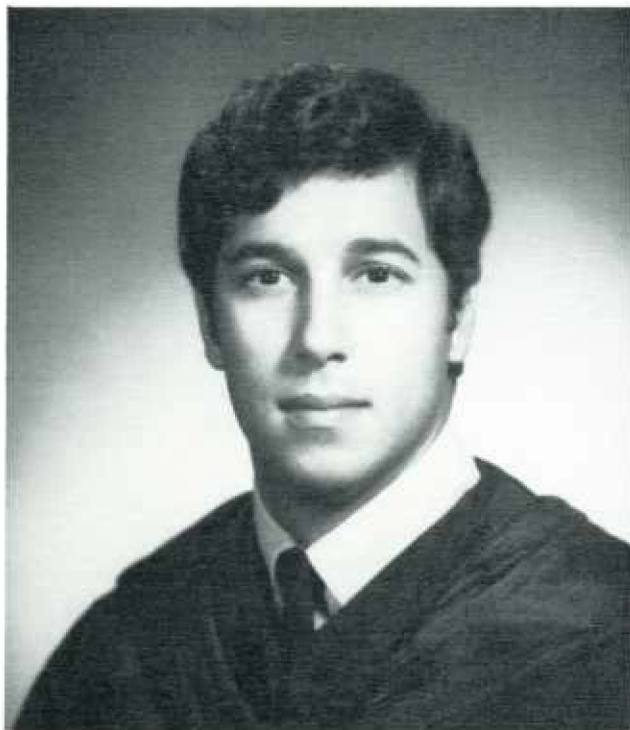
JOHNS HOPKINS UNIVERSITY, B.A.  
*Phi Alpha Sigma*  
 Married Janice Krinsky, 1967  
*Internal Medicine*

**DAVID GEORGE WETTERHOLT**  
**Trenton, N.J.**

BROWN UNIVERSITY, A.B. 1966  
*Phi Alpha Sigma*  
 Kappa Beta Phi  
 Married Marilyn Murray, 1968  
*Internal Medicine*

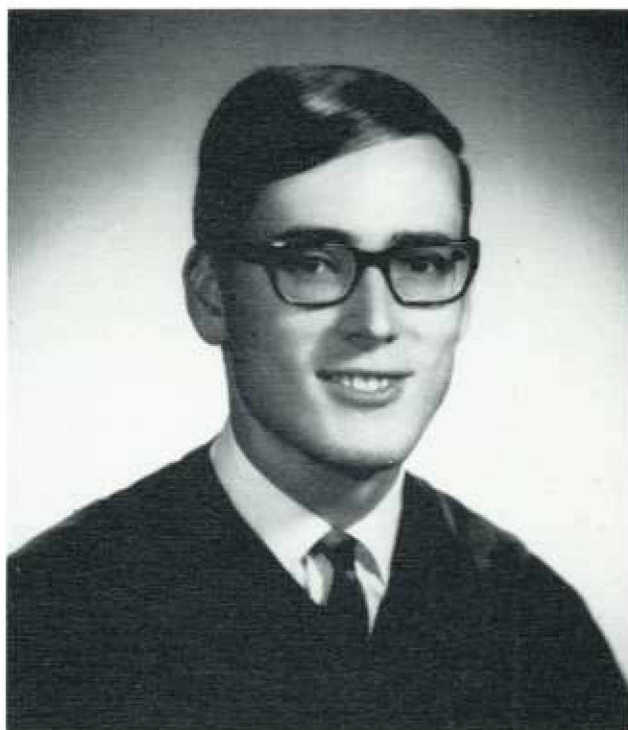






**JOHN VOLKERT WHITBECK**  
Hudson, N.Y.

UNIVERSITY OF TAMPA, B.S.  
*Alpha Kappa Kappa*  
Rugby Club, Orthopedics Society  
*Radiology*



**WILLIAM EARL WHITEMAN, II**  
Ponce, Puerto Rico

WASHINGTON & JEFFERSON COLLEGE, B.S. 1966  
Sims Society, Pediatrics Society, SAMA  
*Child Psychiatry*

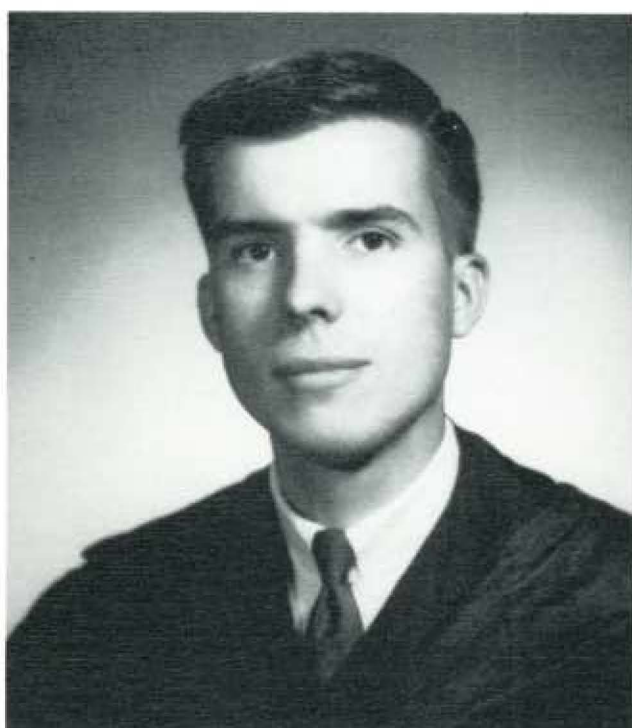
**CARL WOLFER**  
Rosemont, Pa.

DREXEL INSTITUTE OF TECHNOLOGY, B.S. 1961



**BRUCE LANSING WOODLEY**  
Vineland, N.J.

JOHNS HOPKINS UNIVERSITY, B.A. 1966  
Christian Medical Society  
*General Practice*



**STEPHEN MARSTON WOODRUFF**  
**Rydal, Pa.**

BROWN UNIVERSITY, A.B. 1966  
*Nu Sigma Nu*  
Intramurals  
Married Carol Lynn Siegrist, 1969



**VIRGINIA FLORY ZIEGLER**  
**Milroy, Pa.**

BRIDGEWATER COLLEGE, B.A. 1966  
Pediatrics Society, SAMA, Alpha Omega Alpha  
Married Donald Mark Ziegler, 1967  
*Pediatrics*









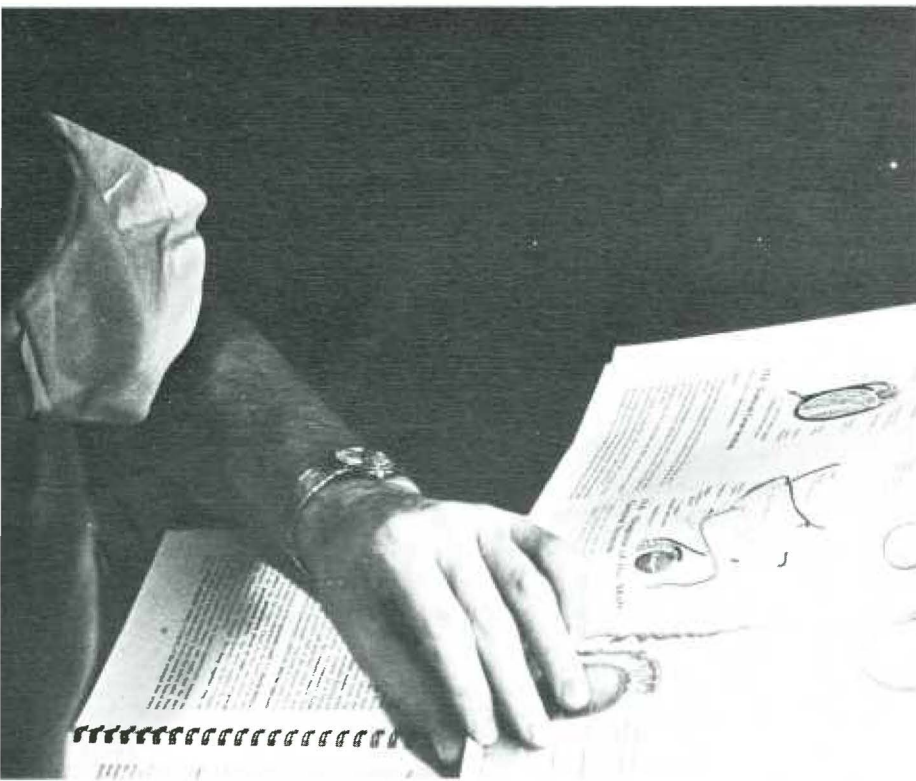
PRECLINICAL











"If you were a sperm, swimming on your back ..."



"I'm sorry I'm late Dr. Ramsey, but I missed my bus."



"She swallowed a WHAT? . . ."



PLEASE  
KEEP  
SPECIMENS  
MOIST AND  
COVERED  
WHEN NOT  
IN USE





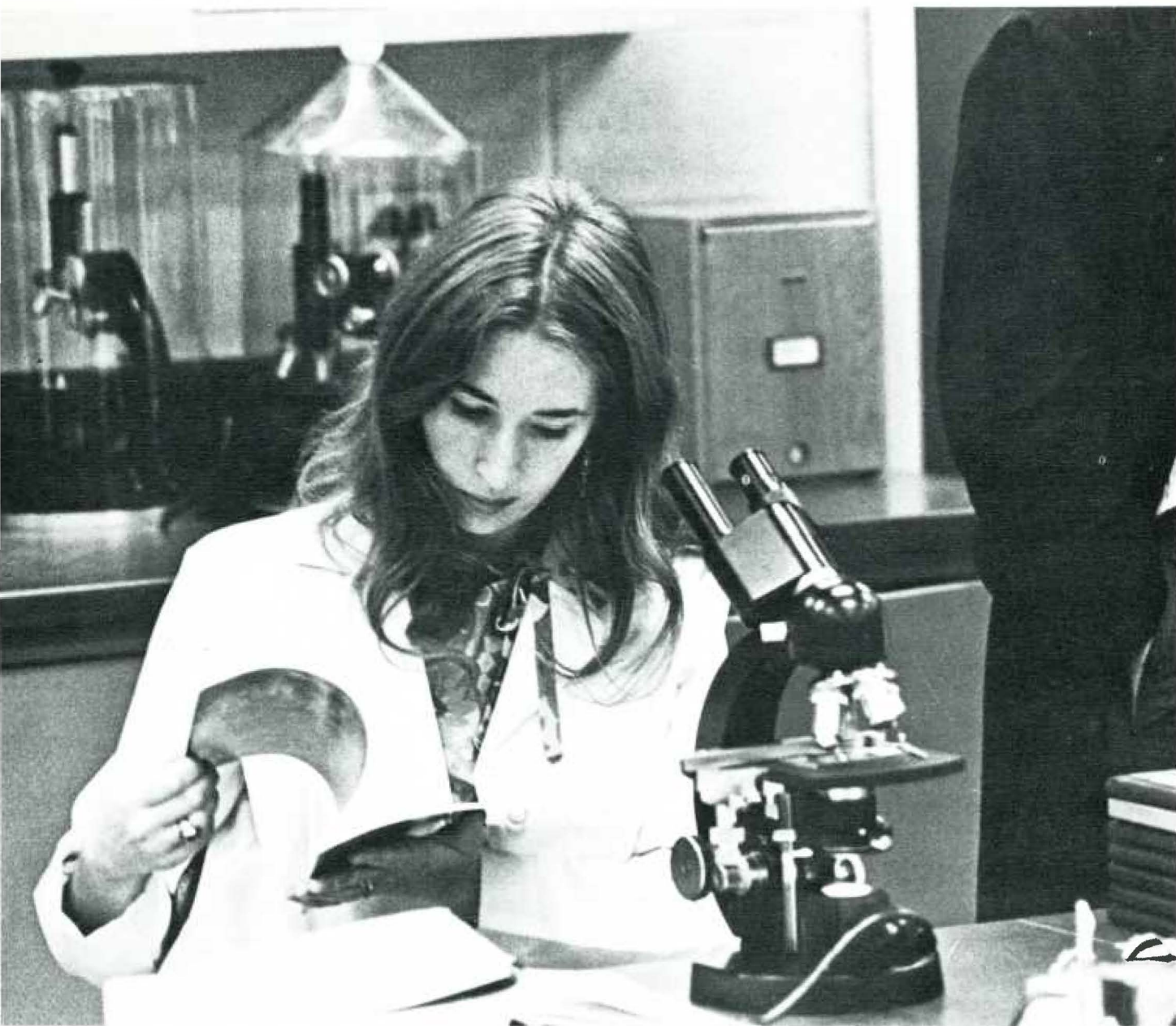




"Don't let the bastards wear you down"







"My crayons are missing."







An optical triumph



Just remember, things will get a lot worse before they get better.

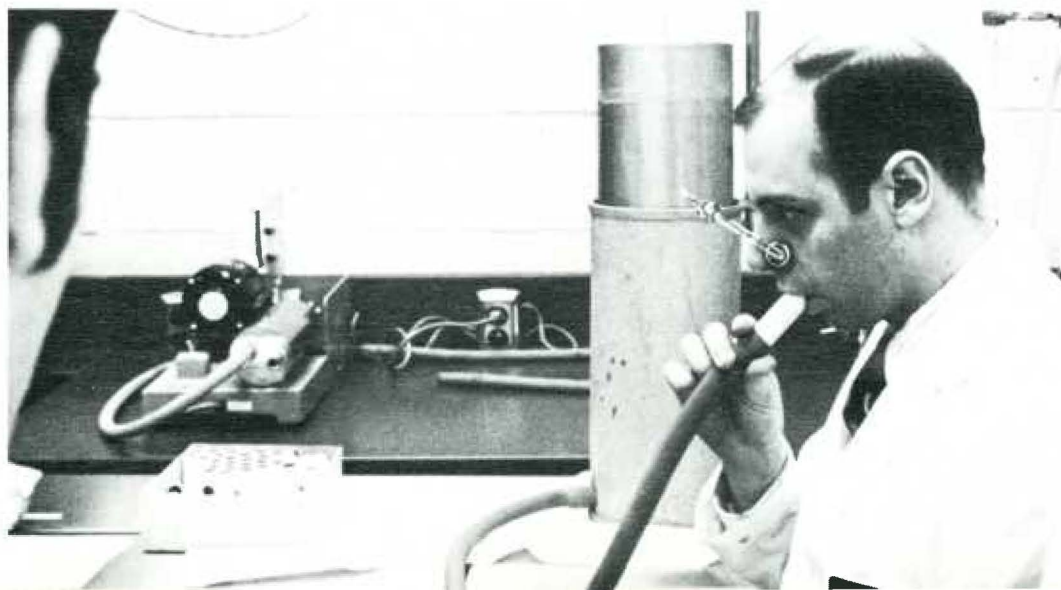
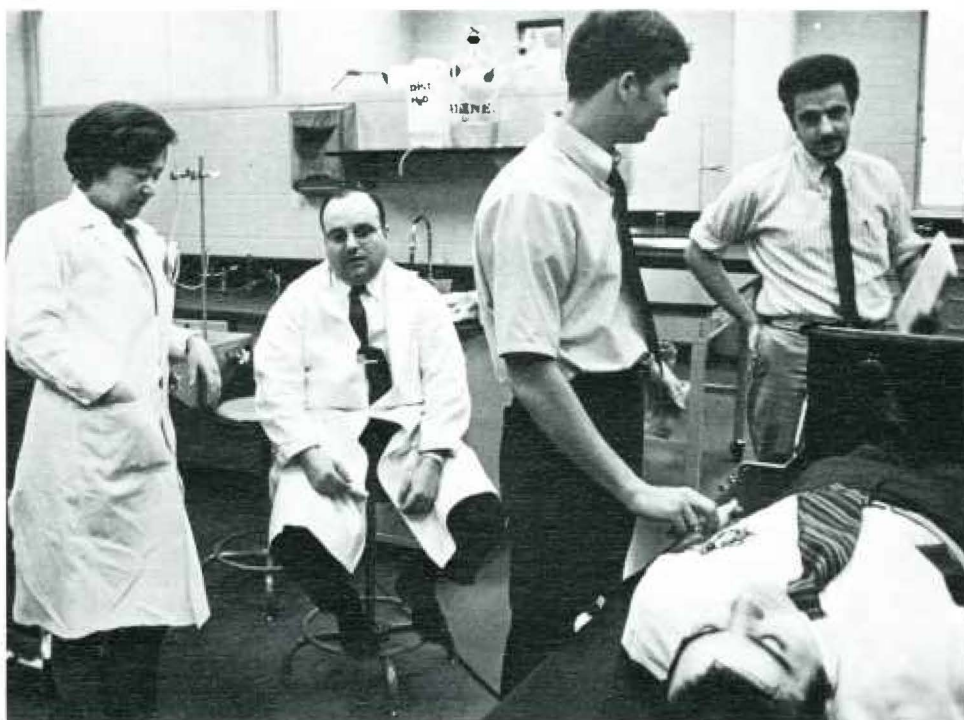
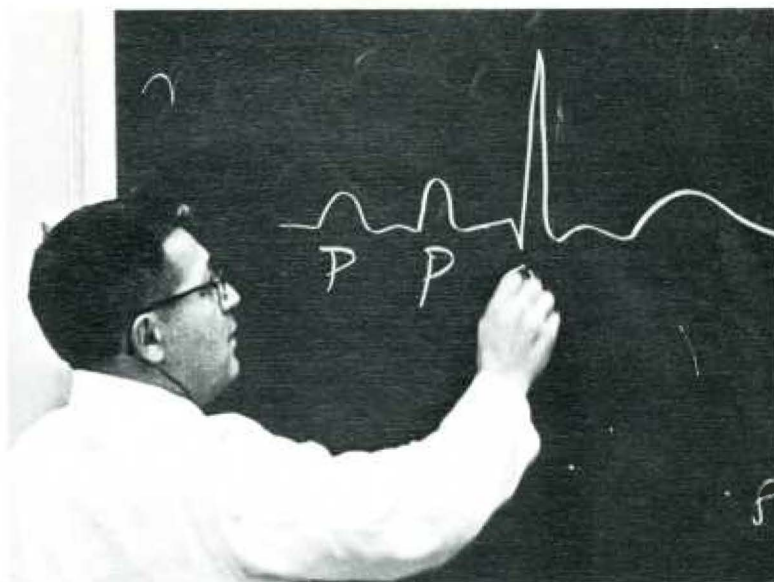
## freshman play



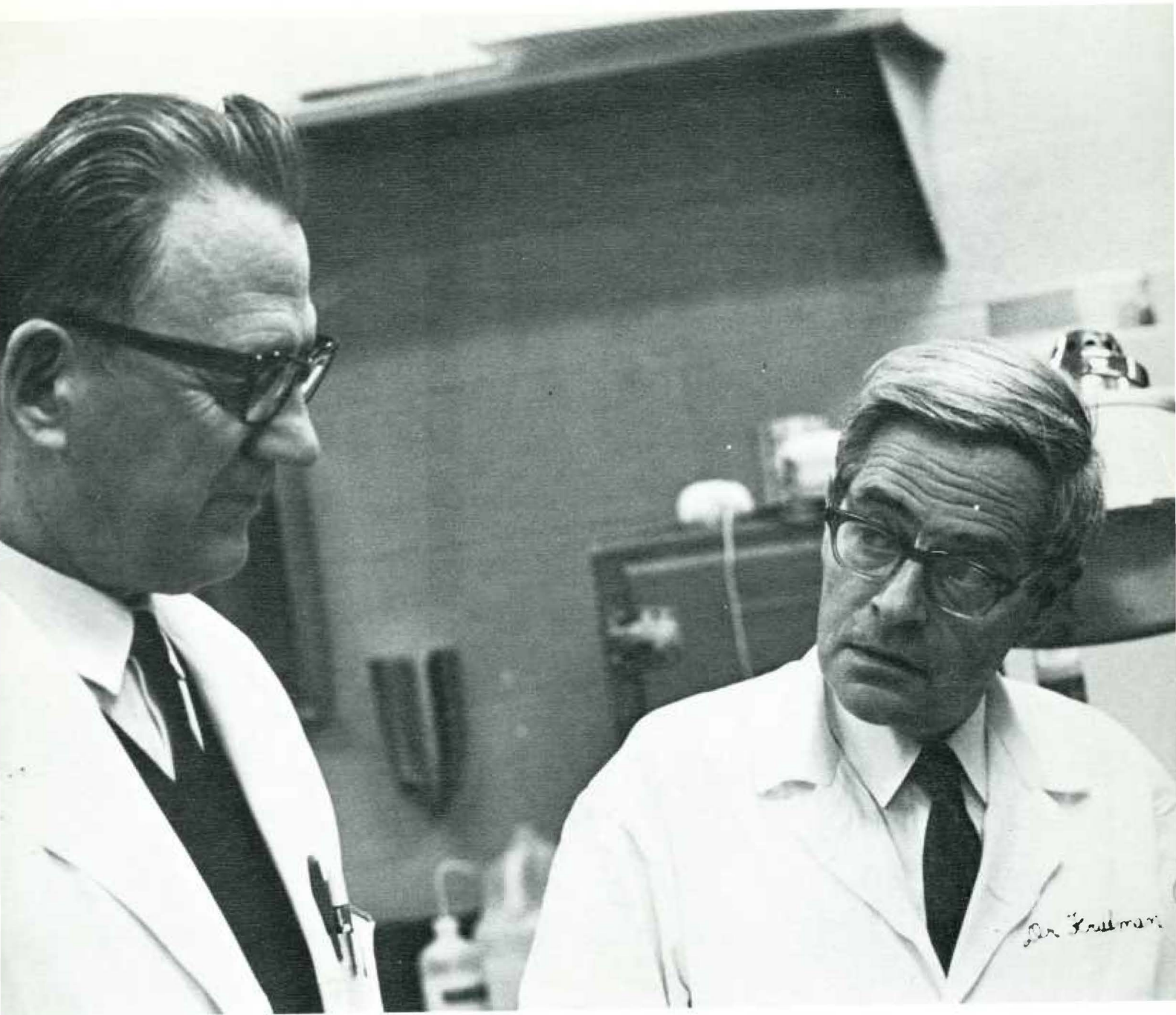




"One of these has gotta be a P."







"I don't care what the right answer was last year."



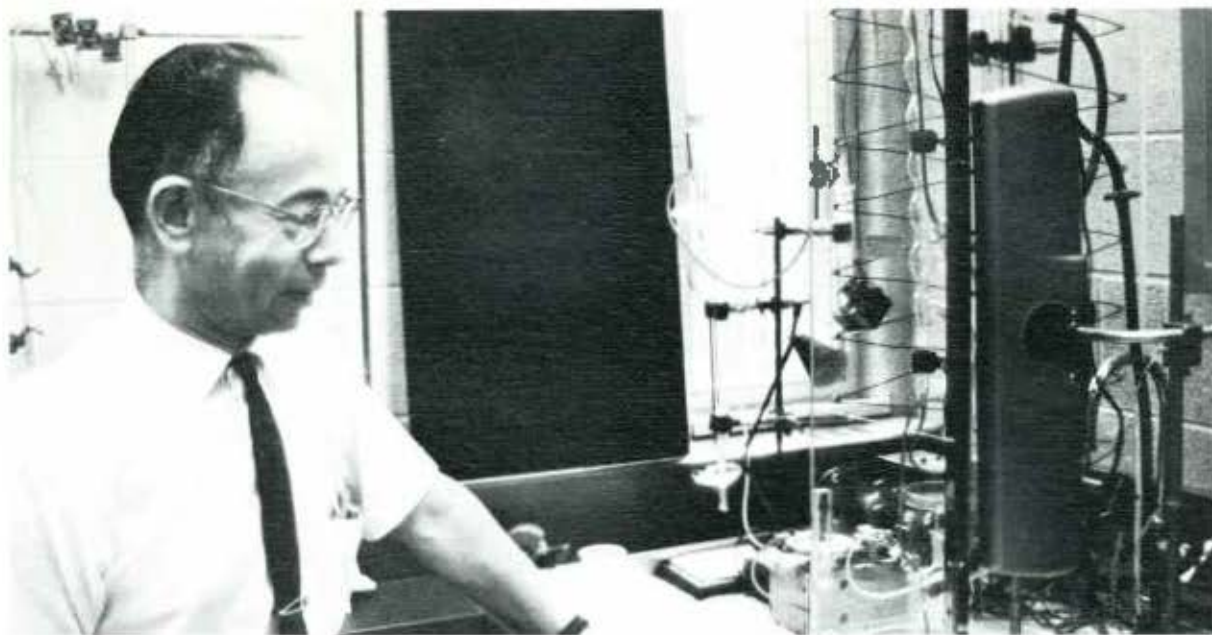
Routine workup.

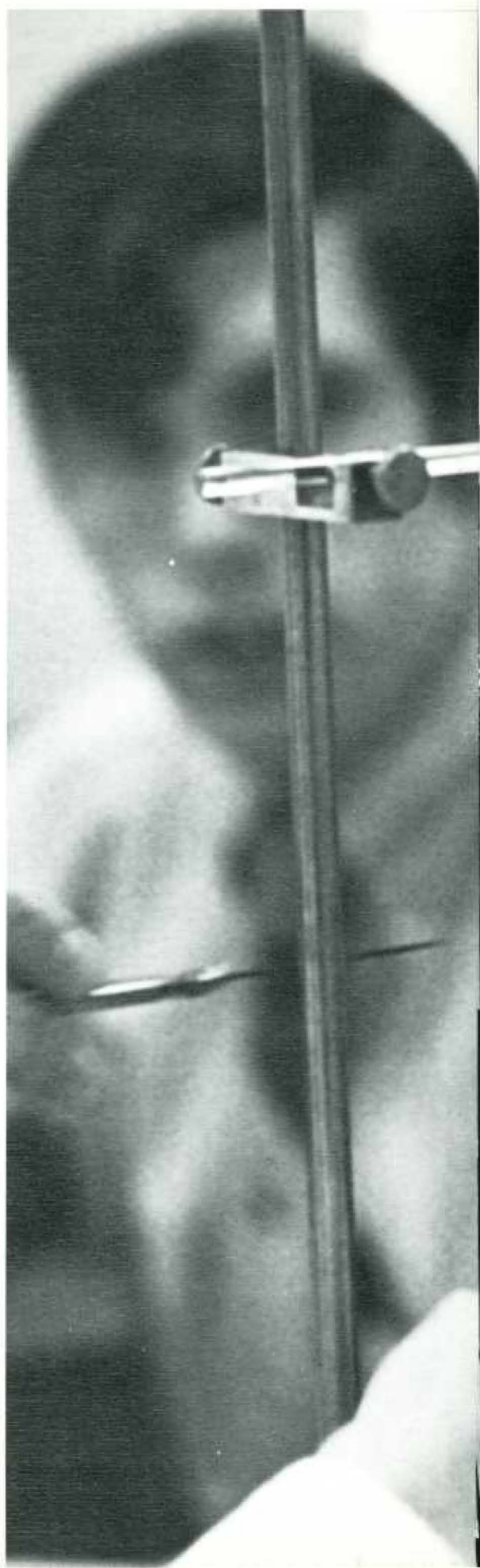


"Any questions?"









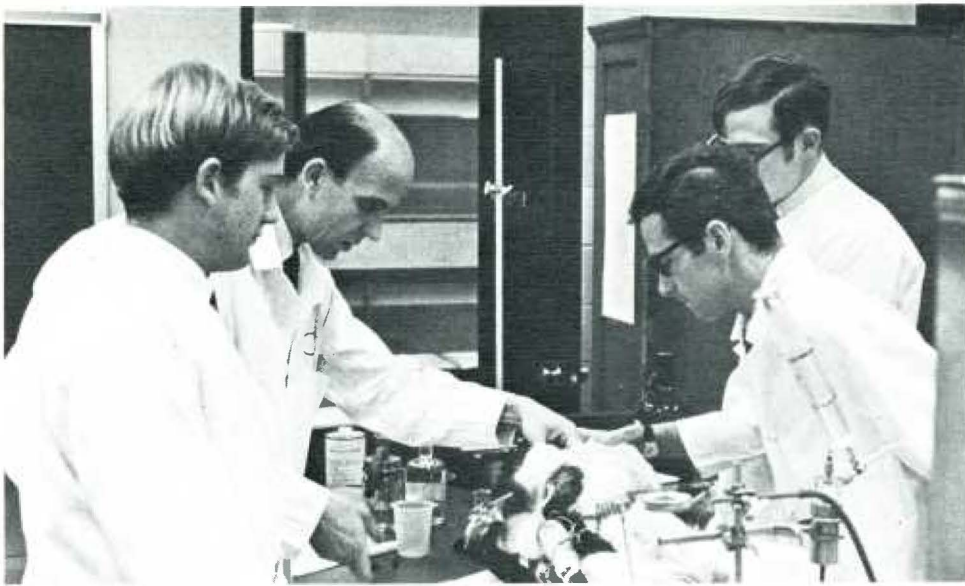




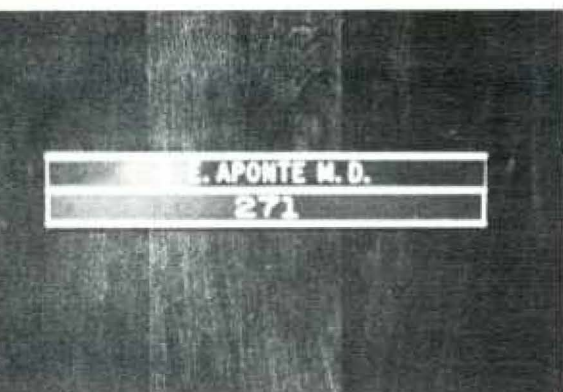


"What do you mean, 'Who is William Withering'?"



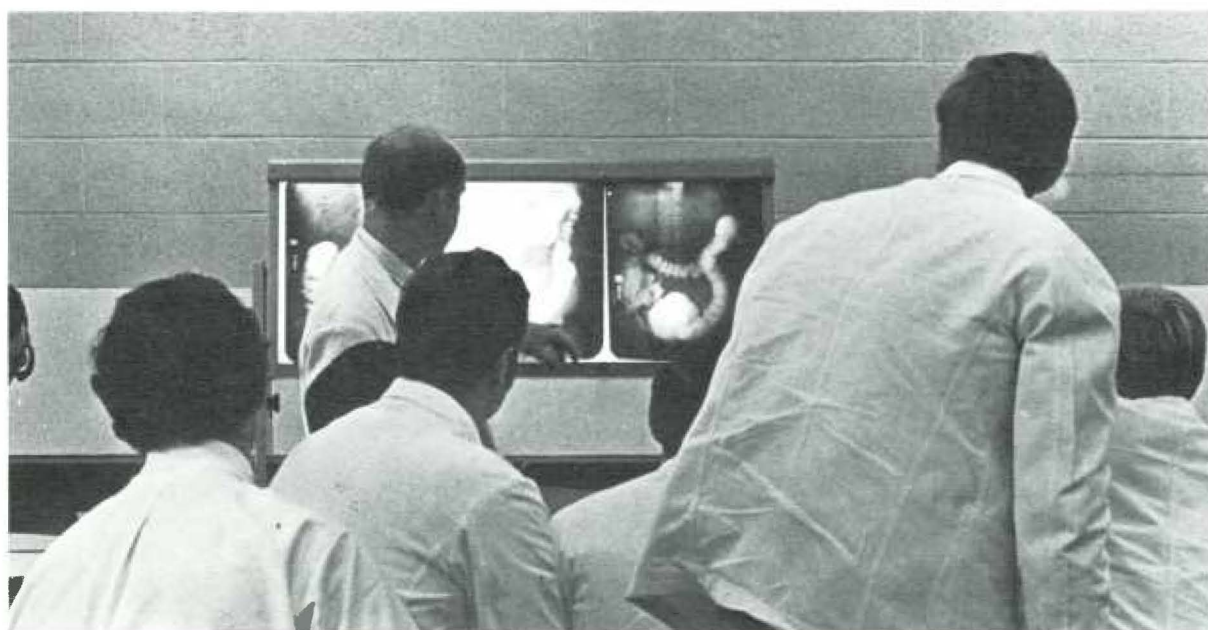
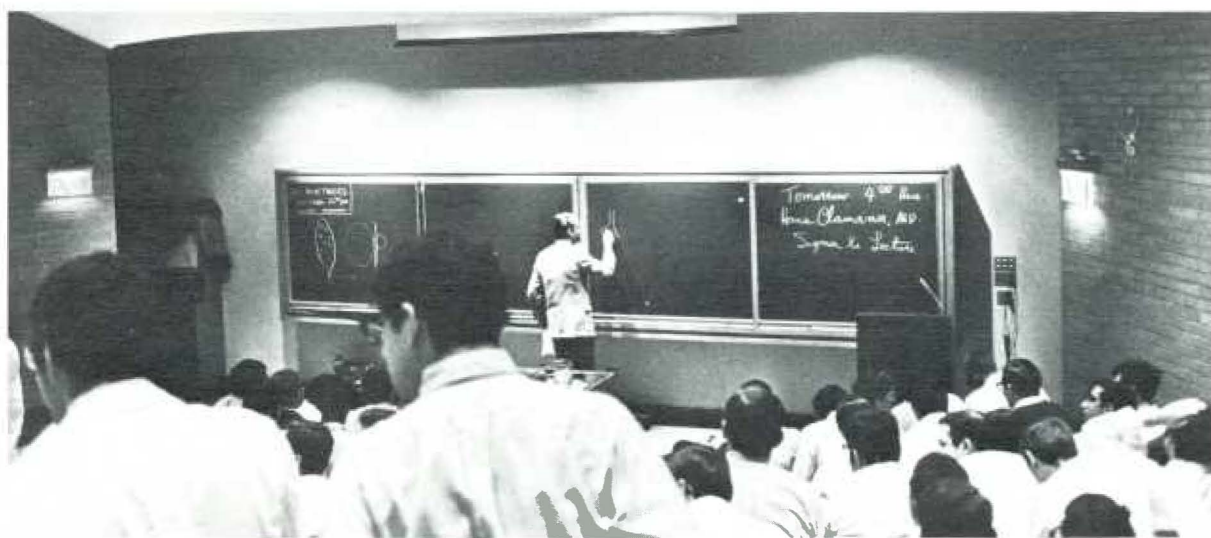
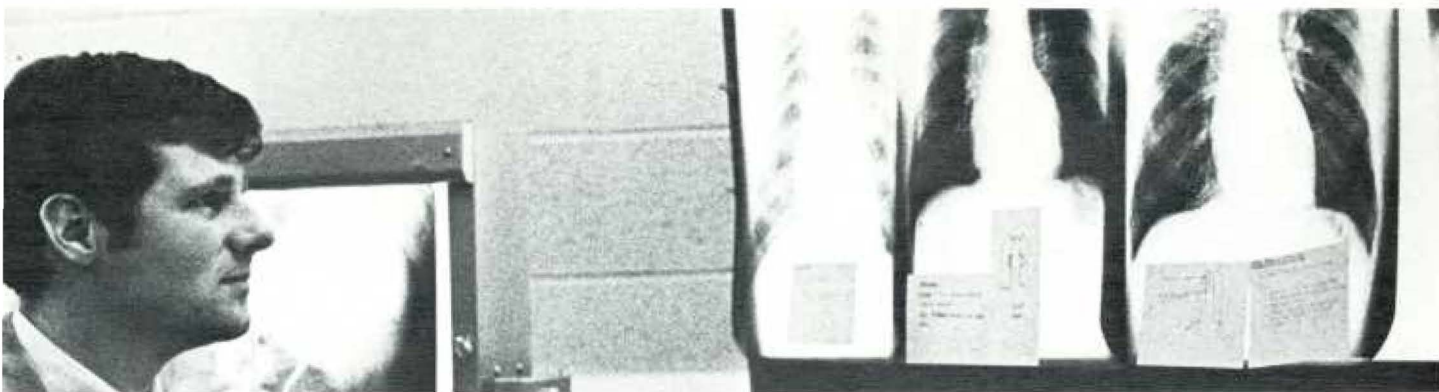


"Tell me, doctor, how does it work on real patients?"



"You are responsible for the bulk of the material. The first test will cover the bulk of the bulk."







"Well, it had better work."









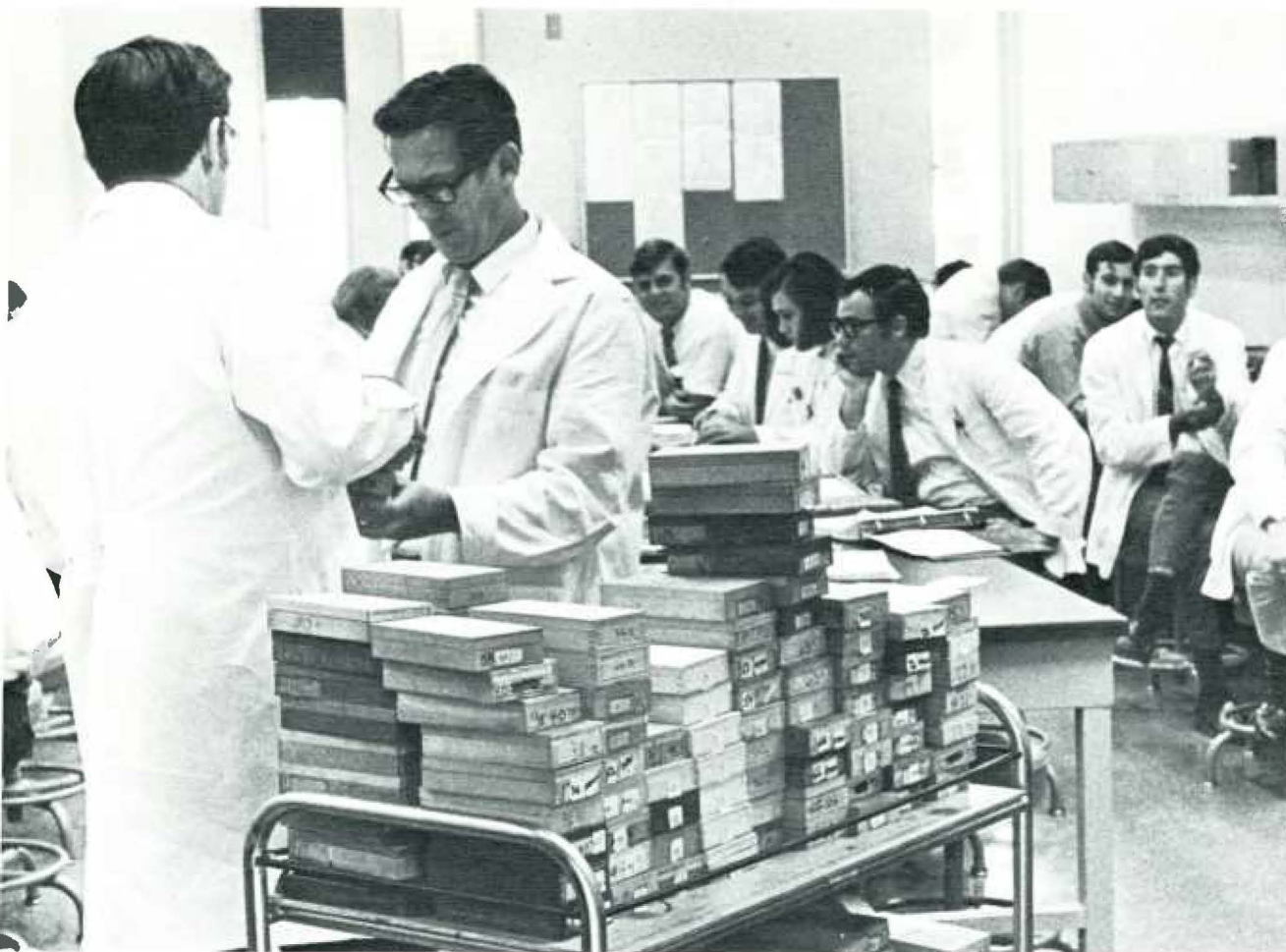
"Maybe we should check the old tests."

"Anybody find an astrocyte?"

"Haven't finished the pictures for last week."

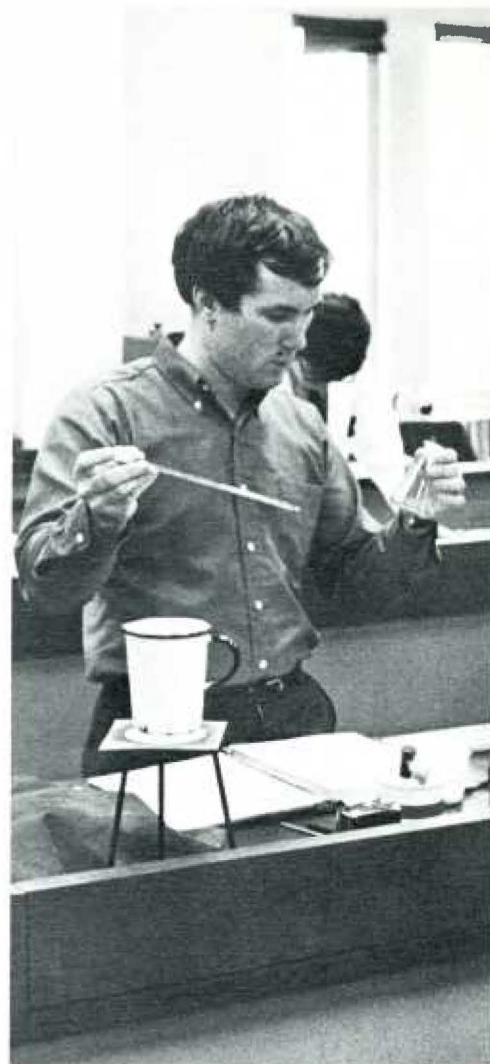




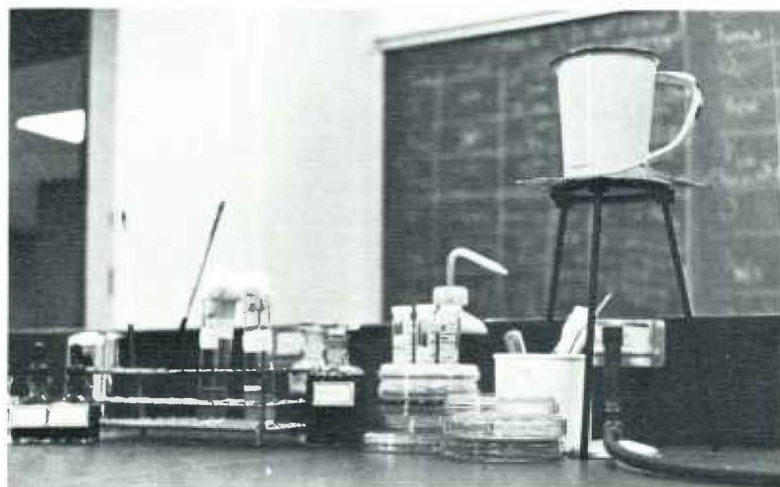


"We aren't responsible for this, are we?"





What every well-dressed medical student should wear.







"And after you've resuscitated the mouse..."

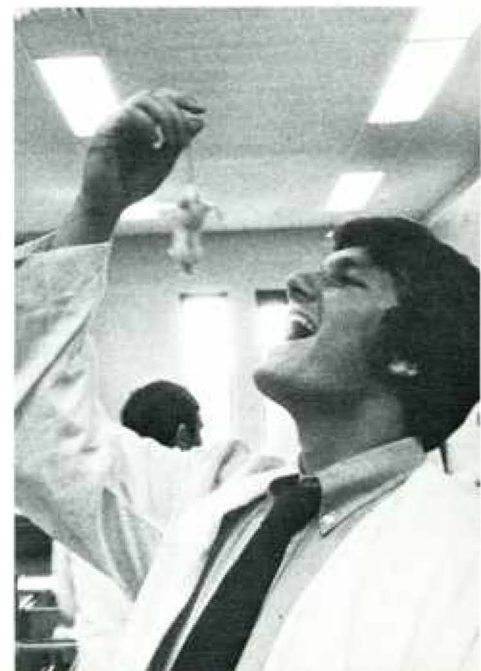


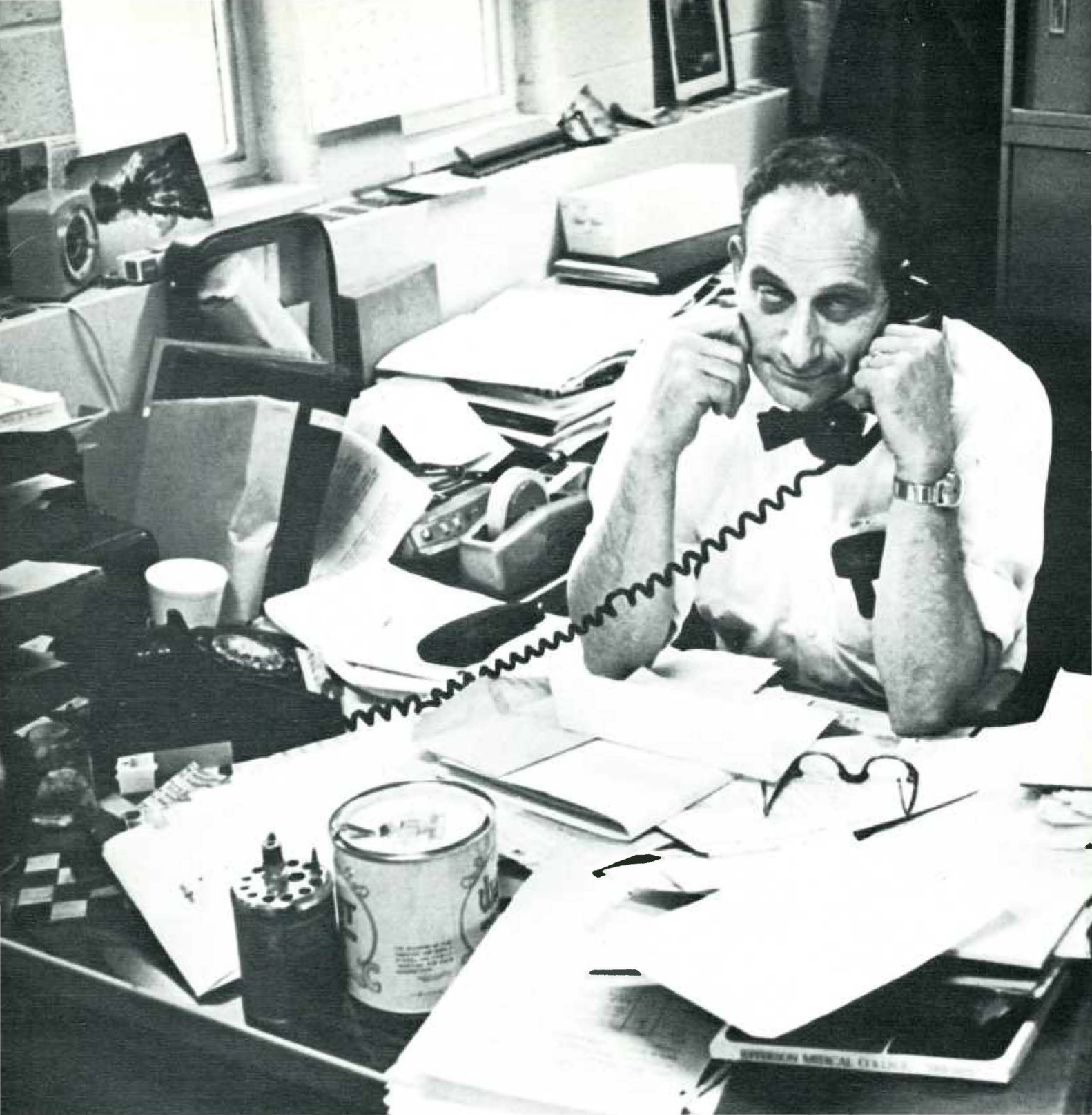




"Mazeltof!"

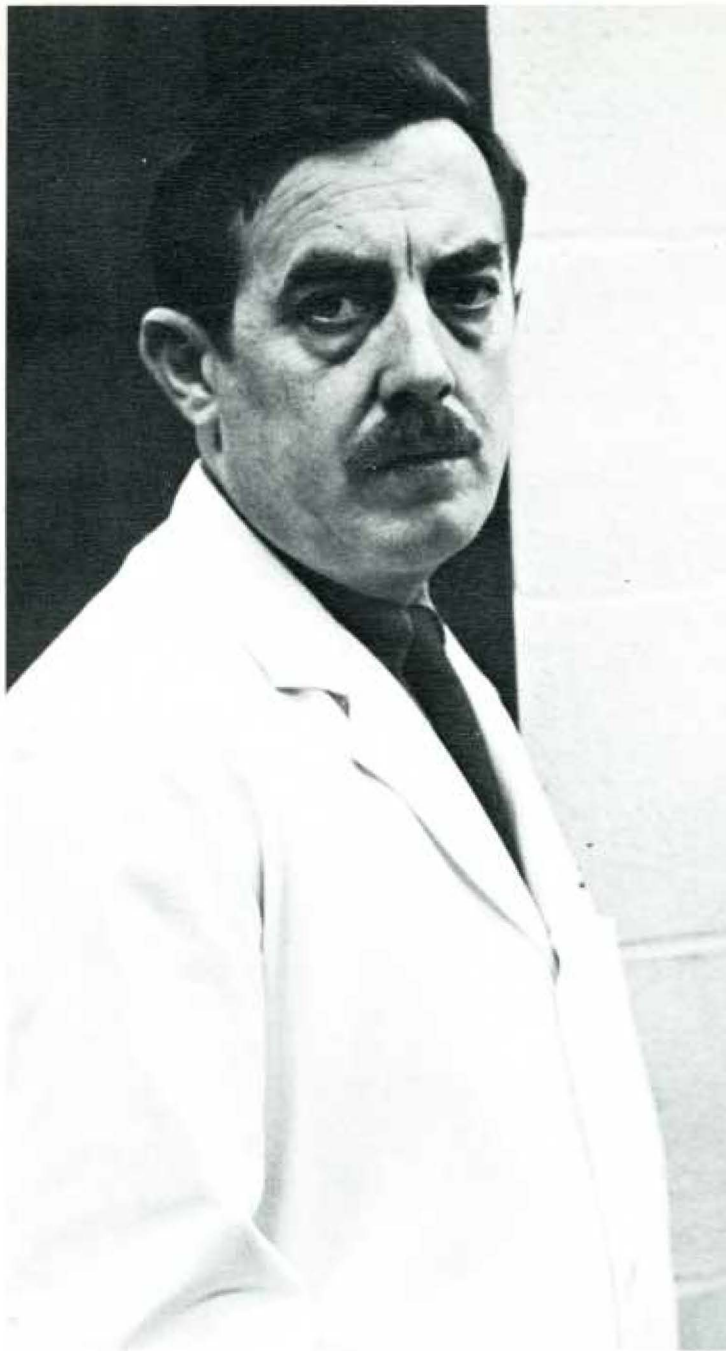
"Heim!"





"Room Service? An ice bag, please."





"Gentlemen, you may think these diseases are exotic, but . . ."



"Can I come to your Halloween party?"



"Leaving early?"





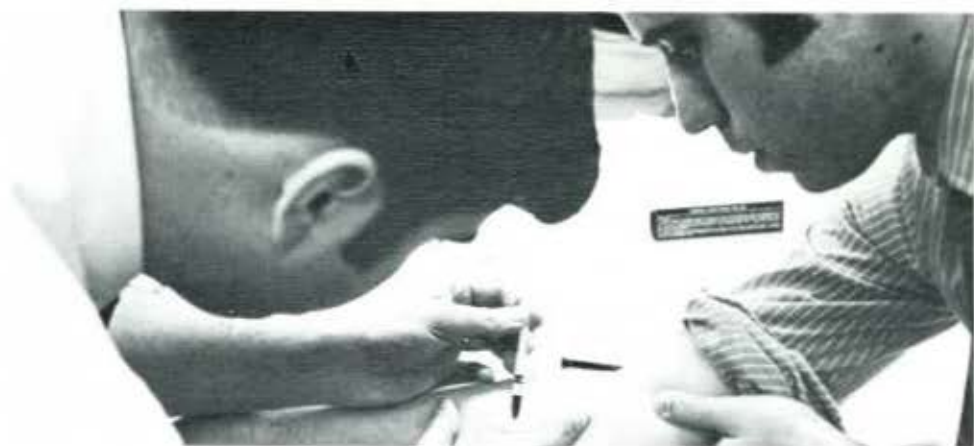


"Doesn't anybody here know any genetics."



"I'm new here."









"Say, 'Massachusetts'."



**CLINICAL**









"What Mask?"

"So what is the blood supply to the crumaster?"







"And d'd you hear the one about ..."





Dr. Scholl at work



"This is a resident's case."

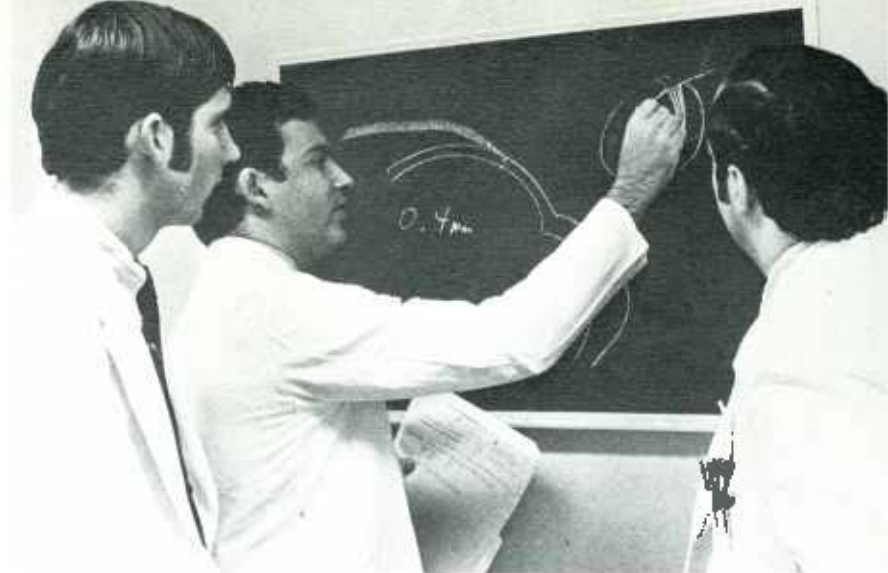




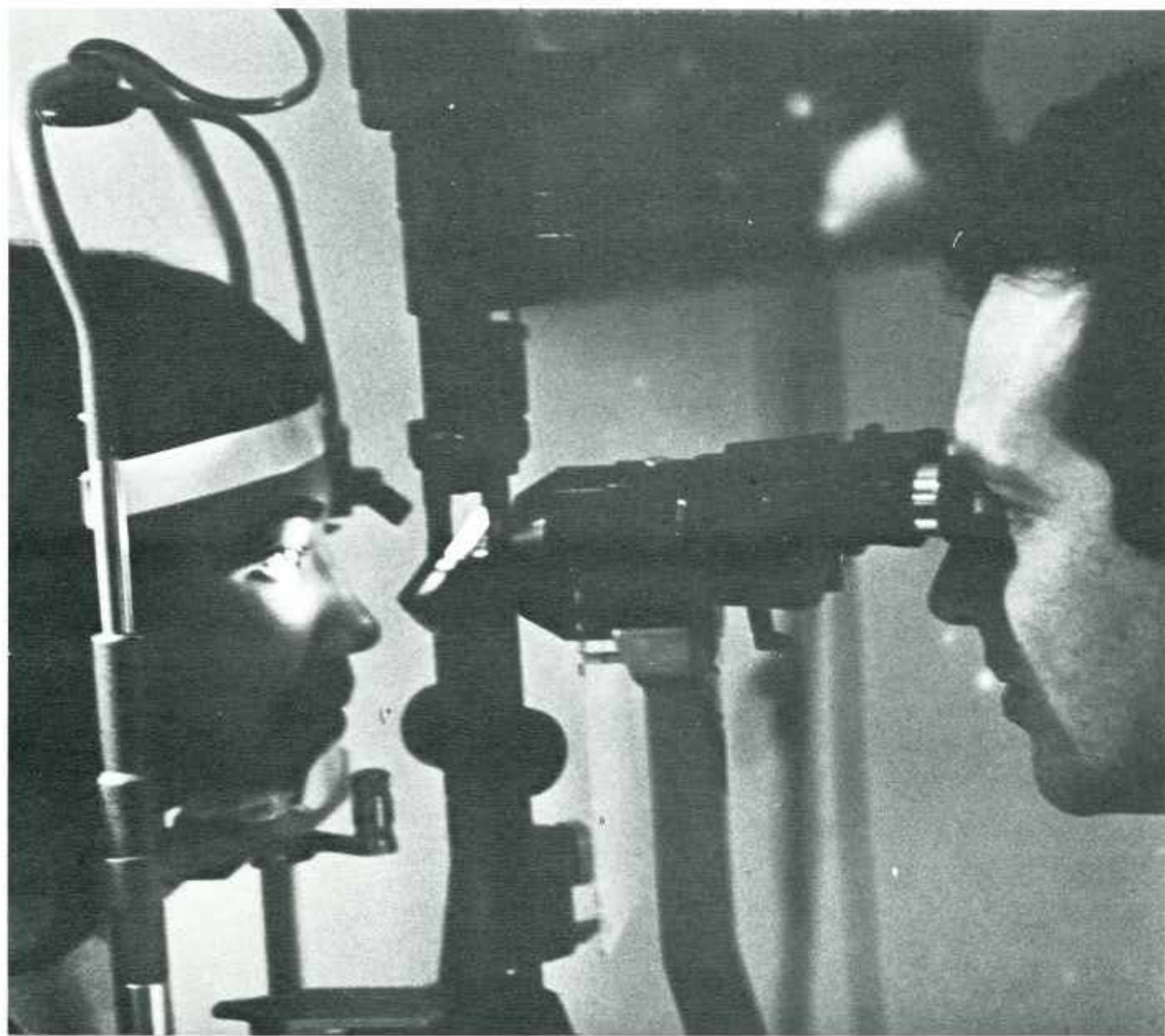
No tipping allowed

"Let's see what happens, Chuck, if I yank real hard."





"Up, periscope!"







Christmas spirit





"Well, then, who's watching the store?"



"No, mother, he hasn't."



"Why can't these people write legibly?"



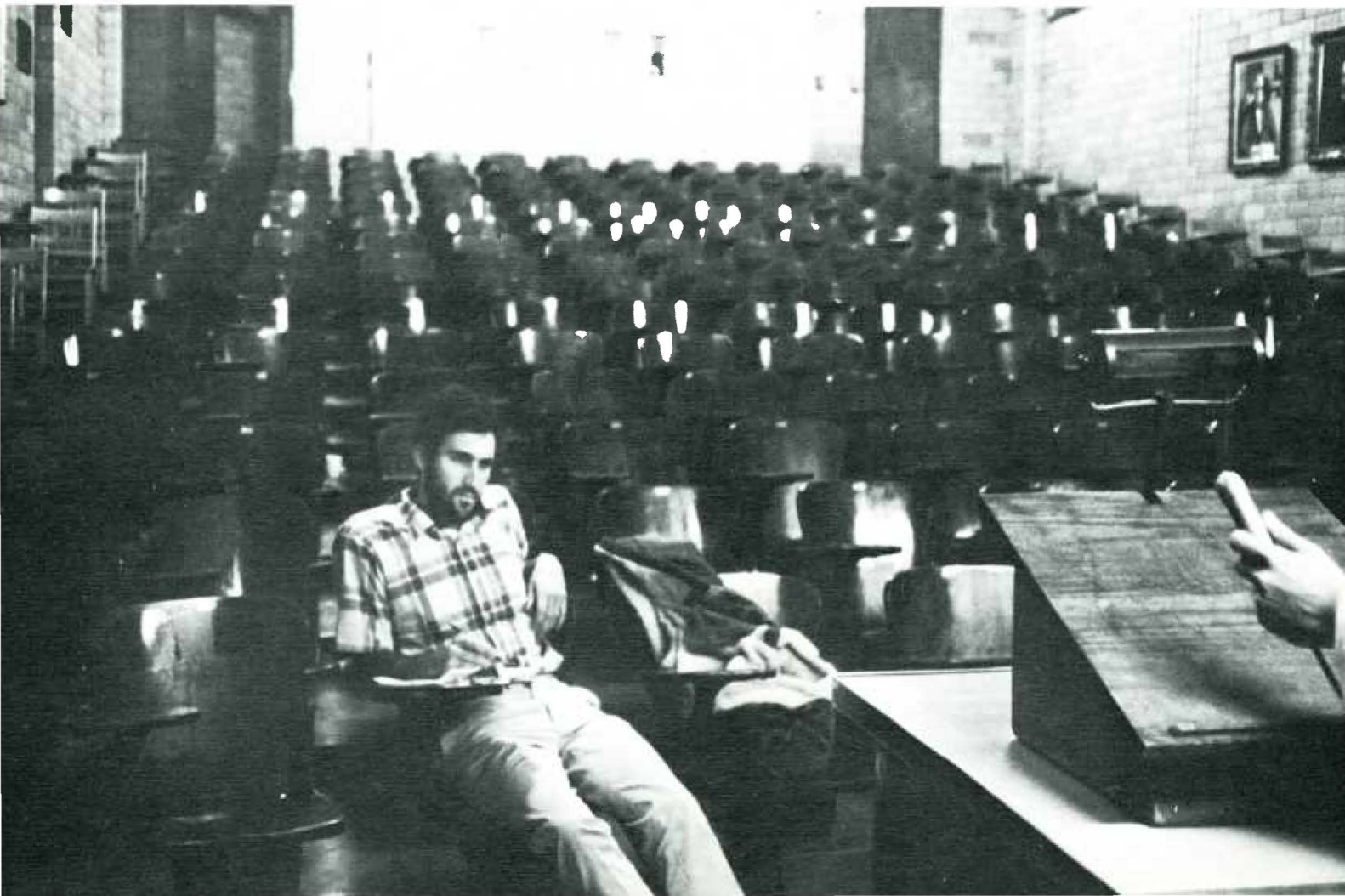


"This is a subject that has to be experienced to be appreciated."



"You mean there's nothing better to do than go to class?"

the ultimate

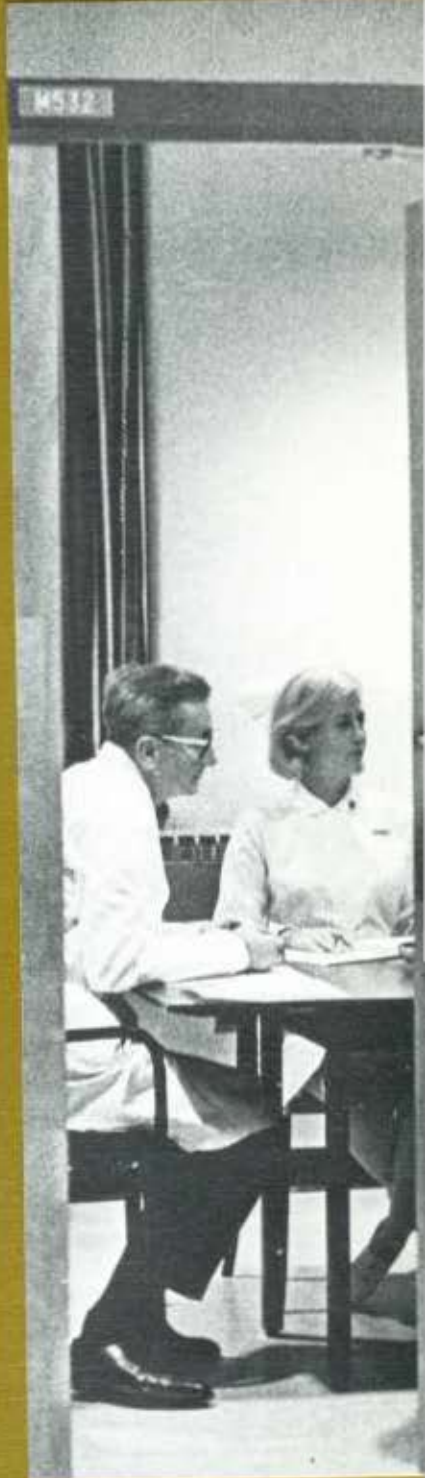
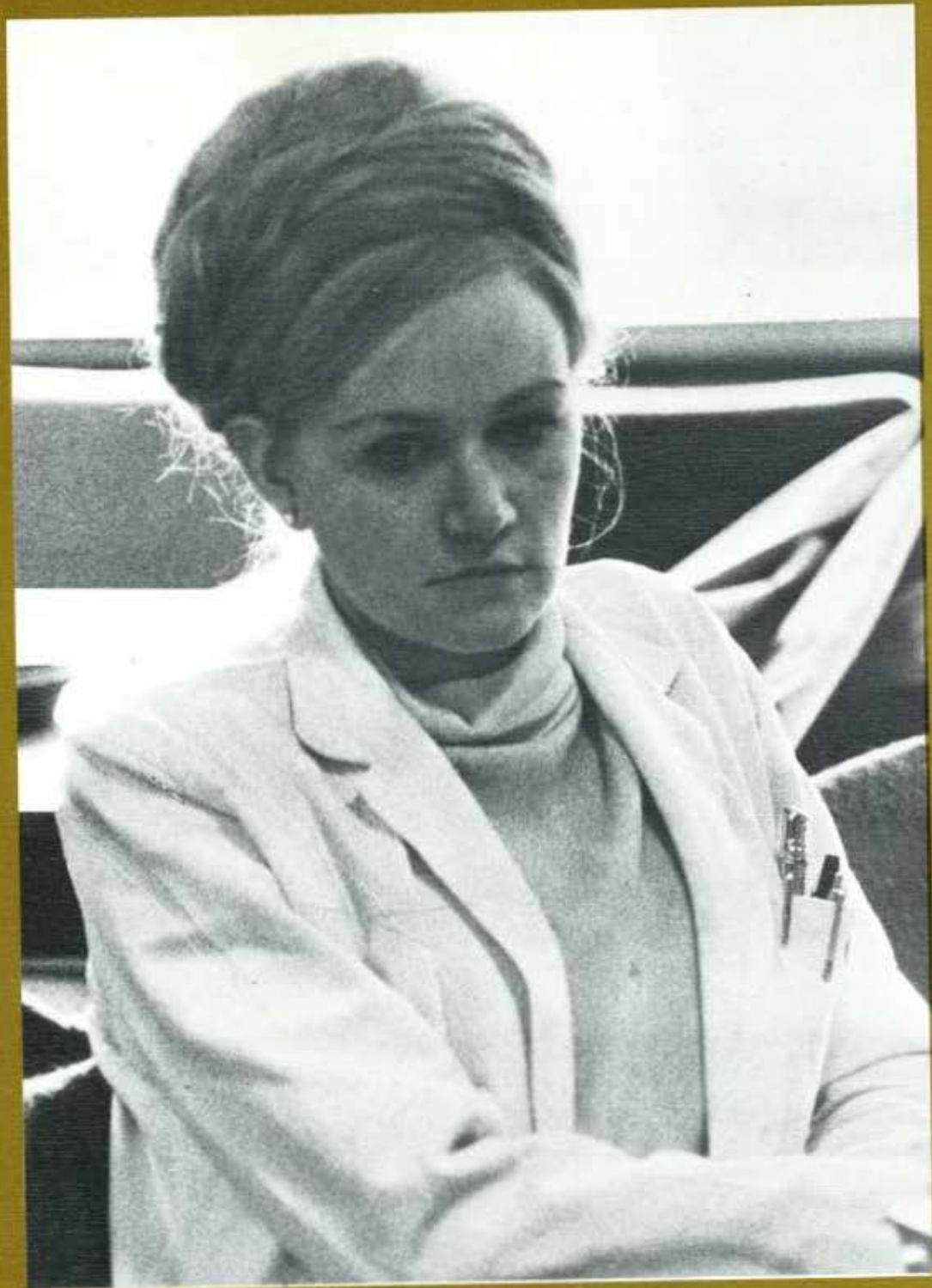














The porch at Friends Hospital, and the view from it.







No wonder he's shivering.



"All I can say is that in New Orleans we do things differently."



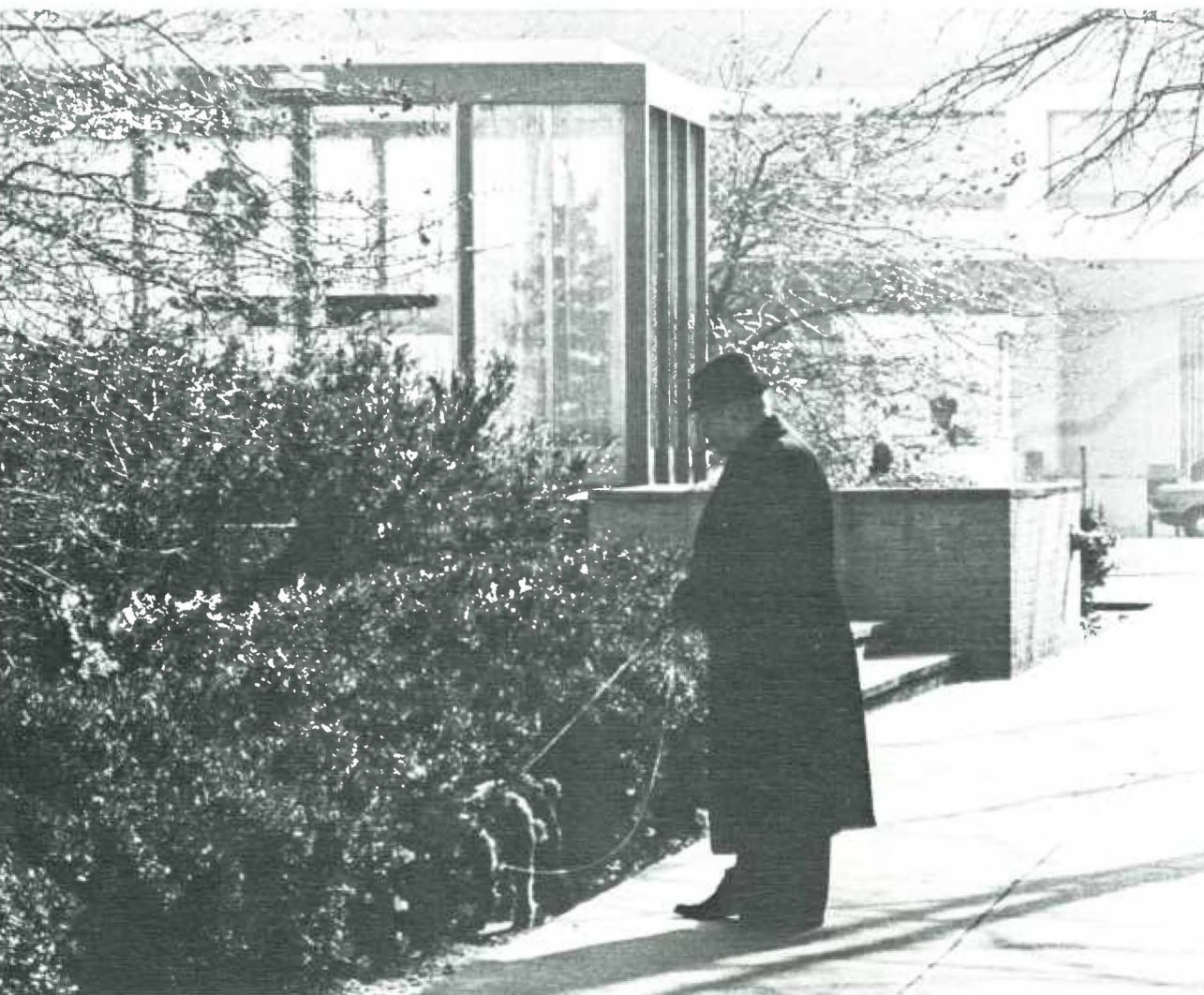
"My favorite journal."

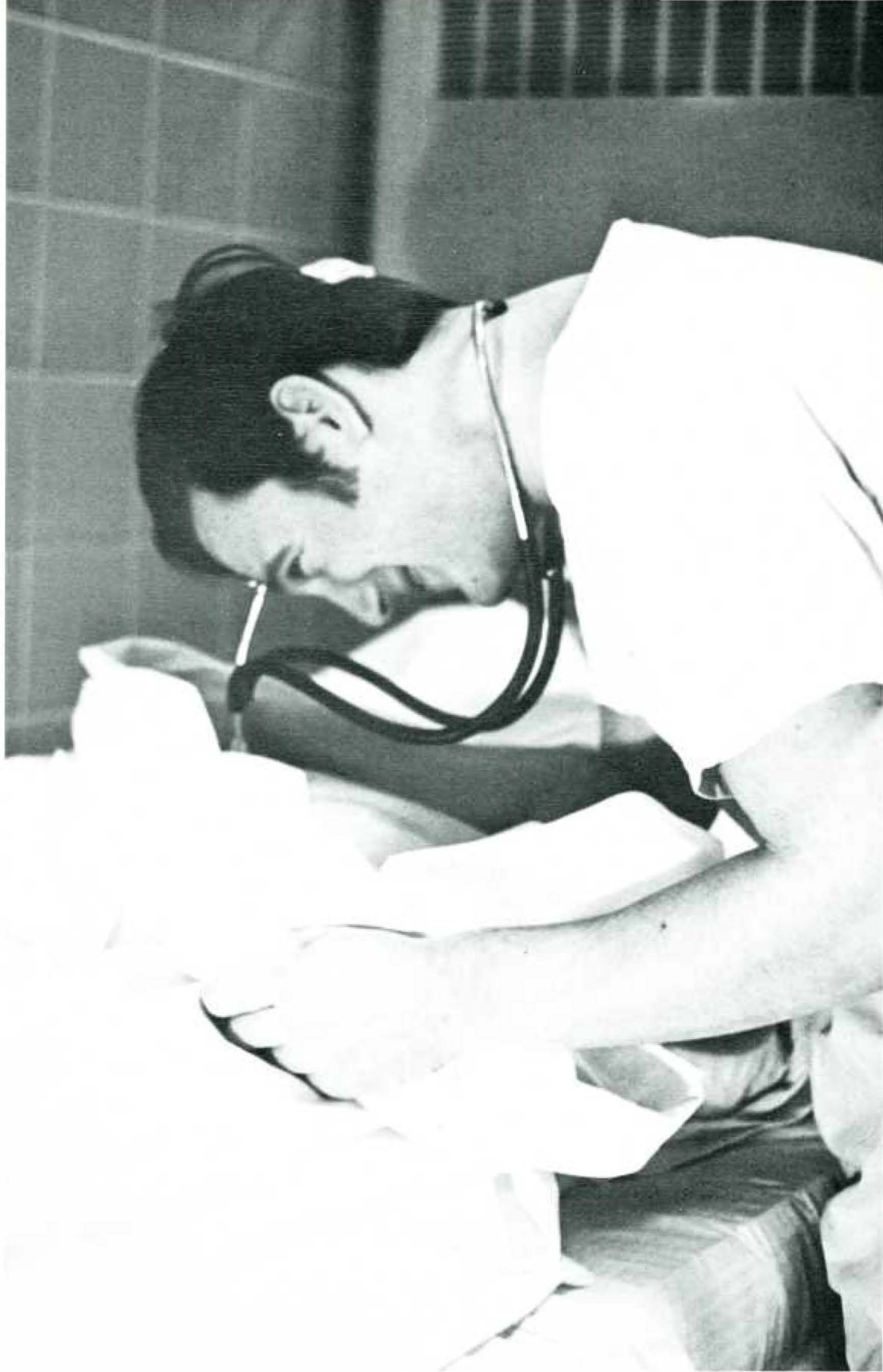


"Can you think of a better way?"

"Your fly's open."







"It's ticking."





The Iron Man





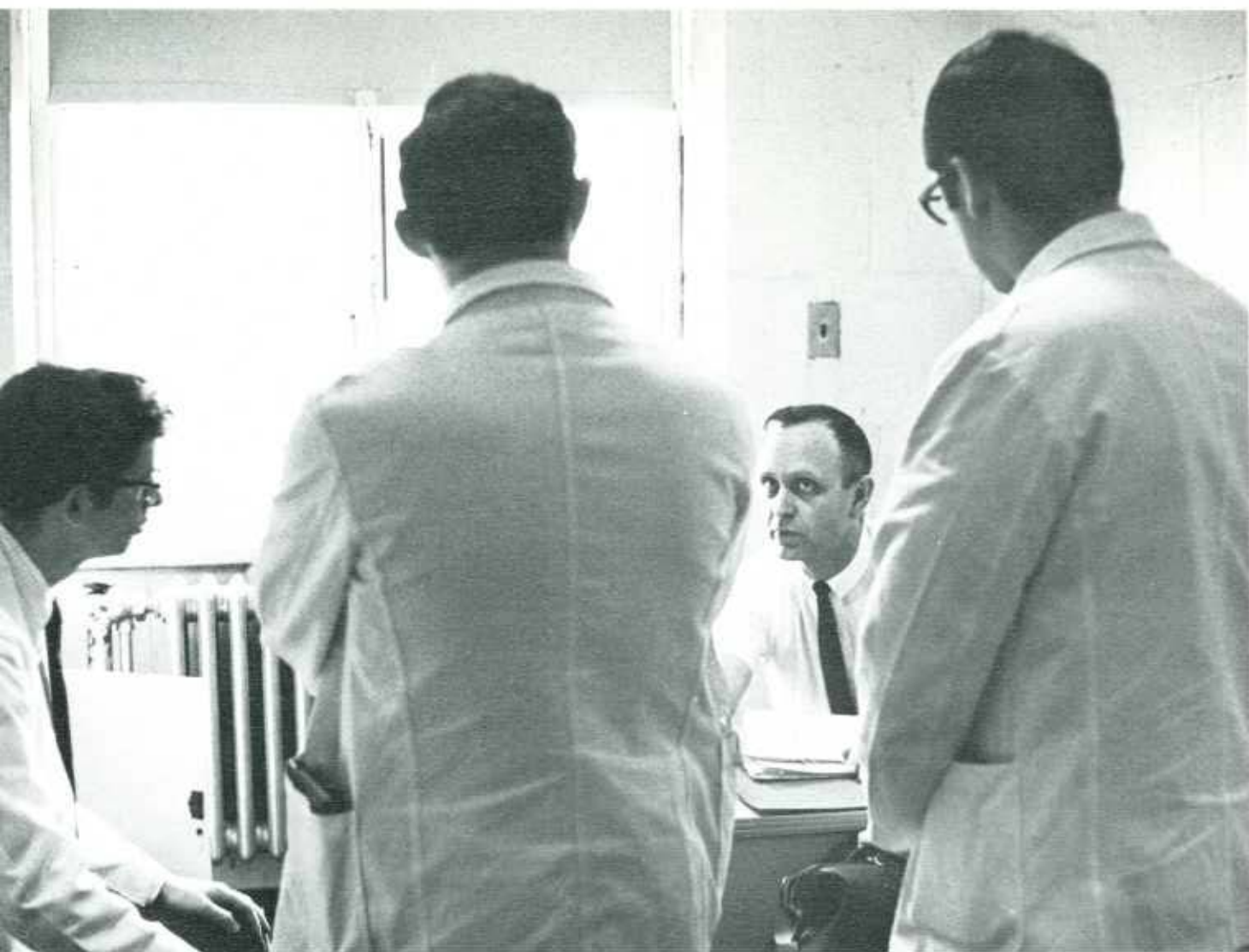
The silent majority



Take the plunge!









"R/O cystic mastitis."



"Some guys are hard to make."



"Eureka!"





"Take off those glasses and say that."

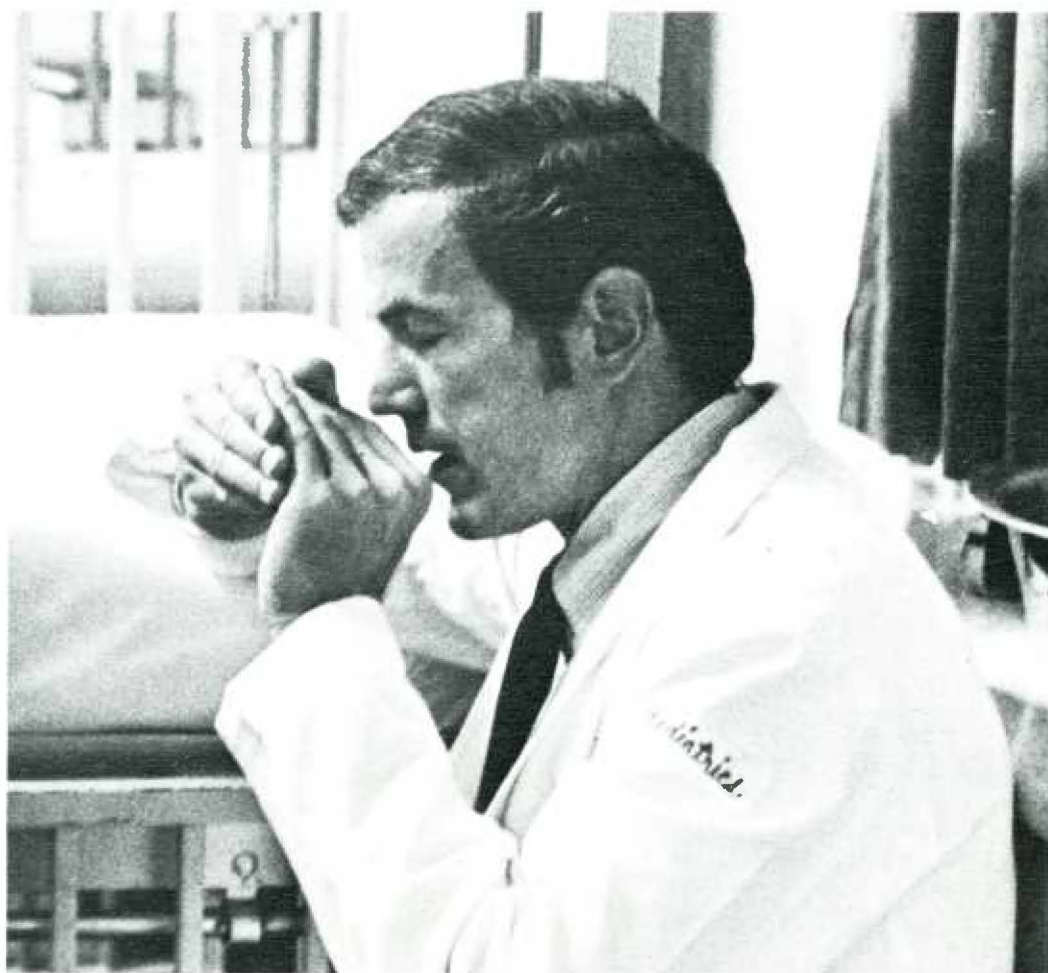


"I dare say, that's a prune-belly syndrome."



"Don't squeeze the merchandise."



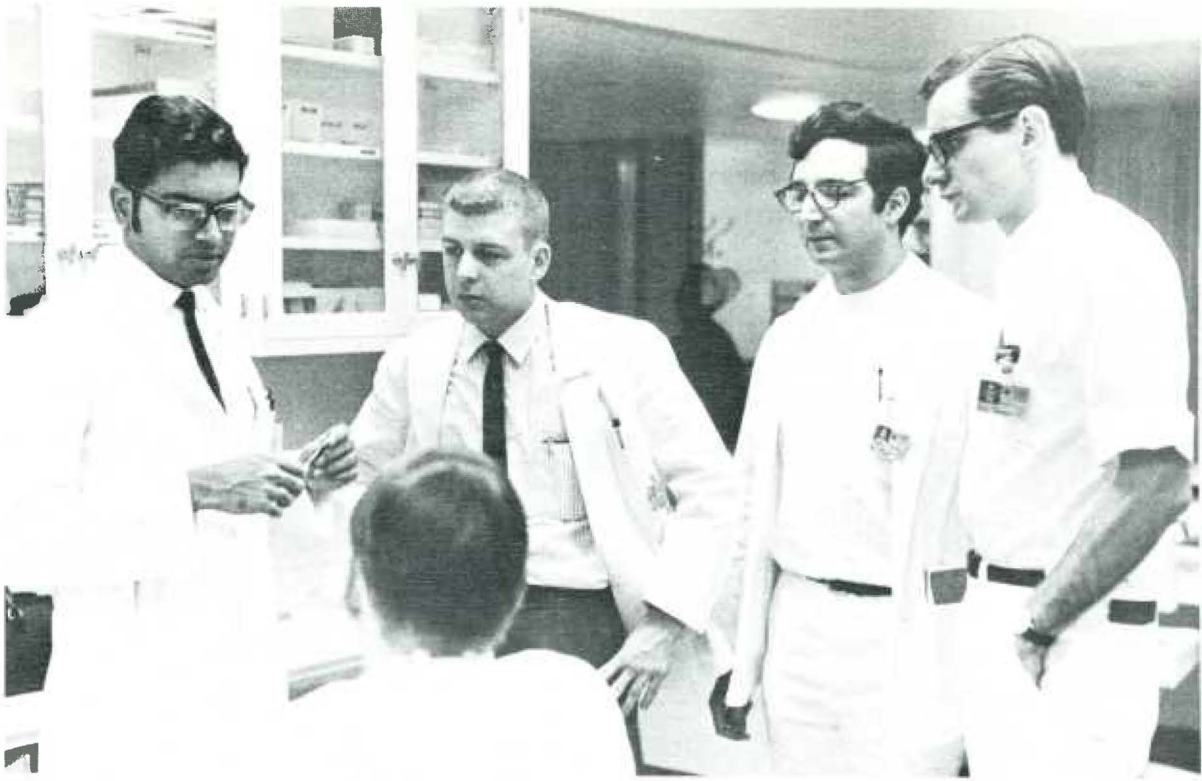


Dr. Soentgen, this one's a challenge—even for you."









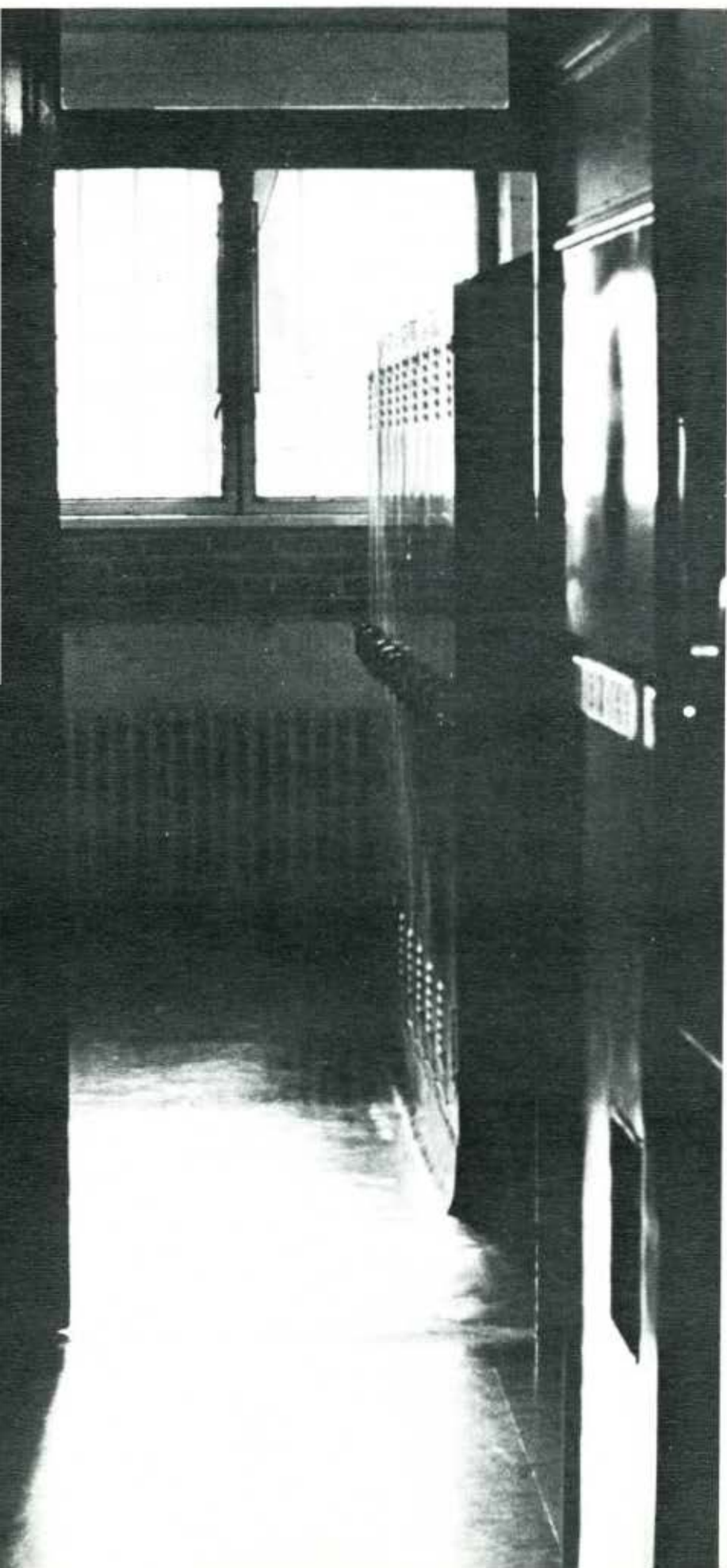




"I'm in conference."

"Gram stains are for the birds."



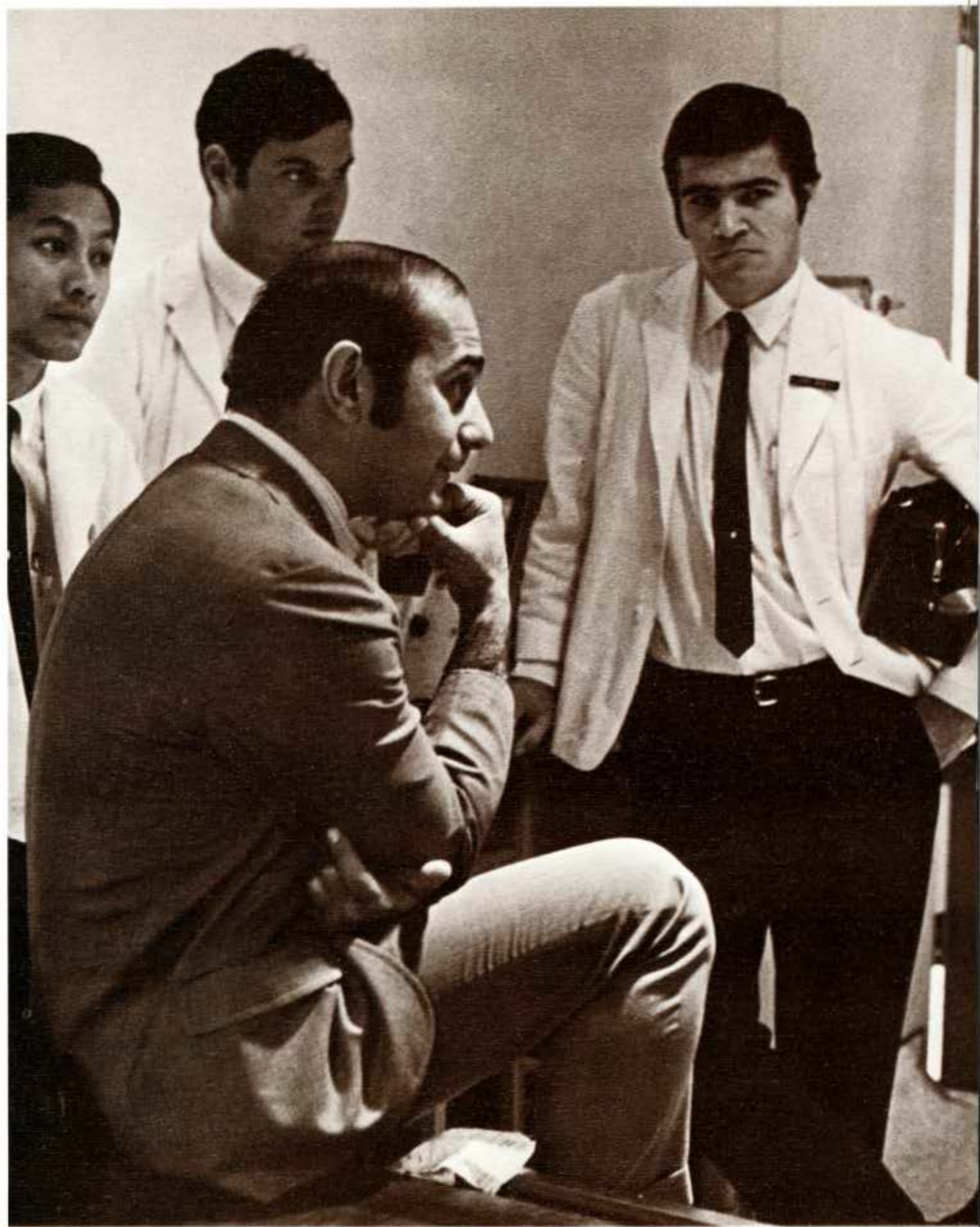


"Crow cuts are out."





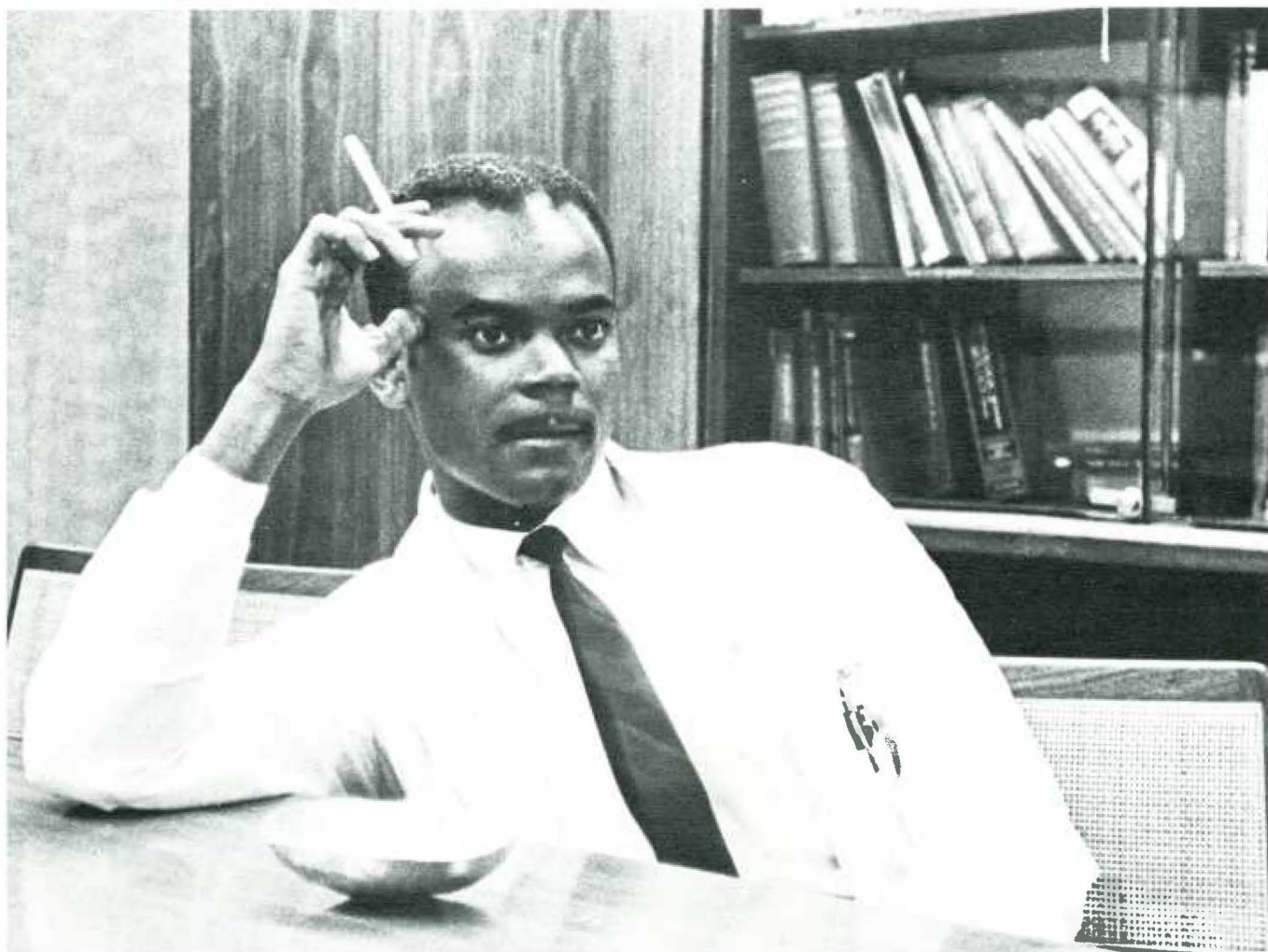








"Sorry, but I'm one of those  
who didn't quit."





"Just sign on the line and the encyclopedias will be delivered shortly."







"His hour has come."

"Can't get my breath, Doc."







"Who says, blondes have more fun?"





Lack of leadership and lack of confidence.

These are the major problems facing medicine today, according to one of Jefferson's accomplished clinicians, Dr. Charles Fineberg, associate professor of surgery. One flows from the other, he explains. "Medical students are studying to be doctors," he notes, "but many of them have little or no respect for the profession." This crisis in confidence, he believes, is the direct result of a lack of inspiration from practicing physicians.

"The only weapon a doctor has to shield himself and his profession from criticism is the good example he sets," Dr. Fineberg observed in a recent interview. "So far, doctors haven't done anything to defend themselves." The shortcomings of individual physicians is only part of the problem, he insists. Organized medicine—the American Medical Association—has contributed to the deterioration of physicians' images through its bungling public relations policies of the past two decades, Dr. Fineberg believes. He contends that the AMA represents mostly a self-perpetuating "in group" that does not reflect the views or ambitions of the rest of the profession.

While he freely admits what he feels are the contributions of himself and his colleagues to the "generation gap," he insists that students bear a large part of the blame for the chasm. "I'm not here to win any popularity contests," he remarked as he detailed a clinician's grievances against current student practices. He is especially dismayed when he hears discussions of salary, night schedules and opportunities for moonlighting when students consider internship and residency programs. "These years are the most important in their medical education," he believes. "There should be no compromise on this." He admits that the life of a house officer in a good academic program is difficult, but he sees no alternative. "There are two ways of paying a resident," he says. "One is in giving him the opportunity for knowledge. This is more important, I think, than the money he makes." This is not to say that Dr. Fineberg believes intern and resident salary scales should remain low. In fact, he holds several moderately revolutionary views about remuneration of house officers. "We have to pay them a living wage, of course," he says, adding: "If necessary it will have to come out of our pockets.



Charles Fineberg, M.D.

## interview

Maybe it should come out of our pockets. Maybe part of the fee should go to the house officer."

The last possibility, he predicted, may arise naturally as the government role in financing health care increases. "With government and other third-party payments, there are few ward patients," he observed. "If we are to continue to have good training programs, house officers have to assume a larger responsibility for the management of private patients." This, he explains, could naturally lead to a sharing of fees, but would require a revamping of the entire structure of postgraduate medical education.

Besides, he insists, the form of remuneration is not the important consideration in medical training. "If you offer a good program, you'll attract good students, good interns and good residents." This has been a big problem recently at Jefferson, he contends. The outstanding clinical teachers of the past, who provided inspiration to his generation of surgeons, are now retired. No one has filled their shoes. He specifically referred to Dr. John H. Gibbon, Jr., developer of the heart-lung machine, and Dr. George Willauer, who provided inspiration during his training in surgery at Jefferson. "Two great men . . . two great minds," Dr. Fineberg remarked. "Dr. Gibbon exemplified everything that was important in the didactic aspects of surgery and Dr. Willauer was unequalled in bedside medicine—the care of patients."

Besides the training of residents, Jefferson's great clinicians of the past performed a more important service, according to Dr. Fineberg, in selecting talented students and nurturing their interests in various specialties. "They

also knew when to take a student aside and tell him their specialty was not for him." This is uncommon under today's curriculum, Dr. Fineberg believes. He contends "all students are treated the same" under the current system. "You can lead some students but you must drive others," he commented. "They must be treated as individuals." He suggests that a preceptorship program be established to take advantage of the time and knowledge Jefferson's many clinicians are willing to contribute to students. "It would give the student an opportunity to see medicine as it's really practiced," he commented. "You could also eliminate testing in the clinical years, which would also be an improvement." Senior students should be given the responsibility for managing patients—"night call and all"—and should even spend time in the private office of their preceptors, he believes. "It's a sad commentary on our educational programs," Dr. Fineberg commented, "that a man can complete his residency training and not be prepared to enter practice."

Jefferson had the reputation for providing this type education at one time, Dr. Fineberg pointed out, but has changed its emphasis in recent years. Physicians in private practice—those actively engaged in delivering health care—have been given progressively less responsibility for teaching. With this has come an increase in the number of full-time faculty members and a "polarization" of the two factions, he contends. Construction of Jefferson Hall was another divisive force, he believes, because it separated the basic science and clinical faculty. "This 'town-gown' problem must be solved," he remarked, if the interests of the institution are to be served. But the trend seems to be in the opposite direction, Dr. Fineberg laments, contending that administration promotion of a full-time practice plan has led to increasing polarization of full-time and voluntary faculty. This competition, he believes, leads to weakness of departments and the students suffer from poor educational programs. He admits that a completely full-time faculty is a worthy goal, but he contends Jefferson can't afford this luxury (especially in view of the recent cutbacks of federal research funds). Since anything less is disruptive, he believes Jefferson would be wise to take stock of the assets it has in its voluntary clinical faculty and exploit these to the fullest.





"Somebody tell that guy to get off my back."





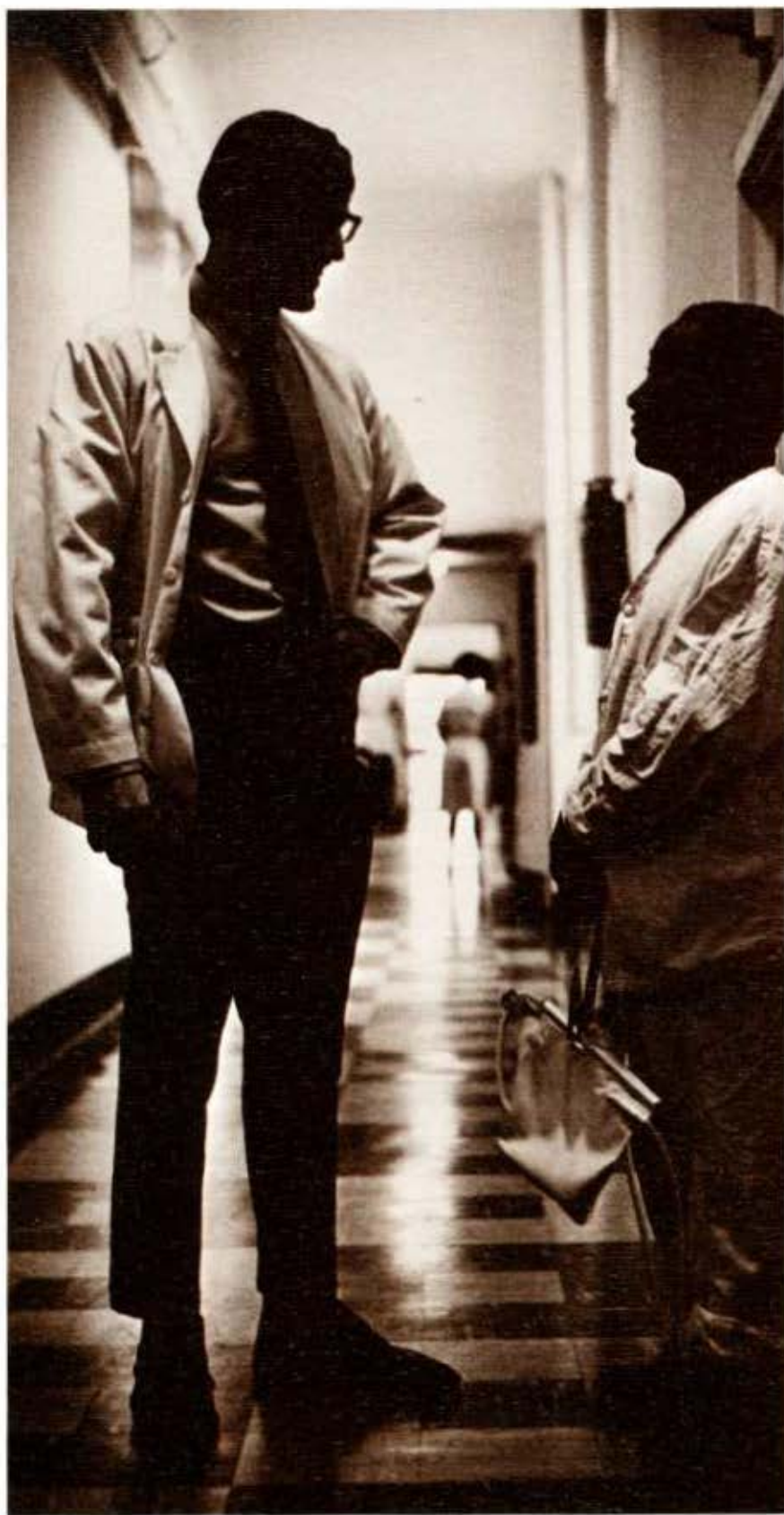
"When out of Clinitest, improvise."

"Sorry, Doc, those tonsils gotta come out."



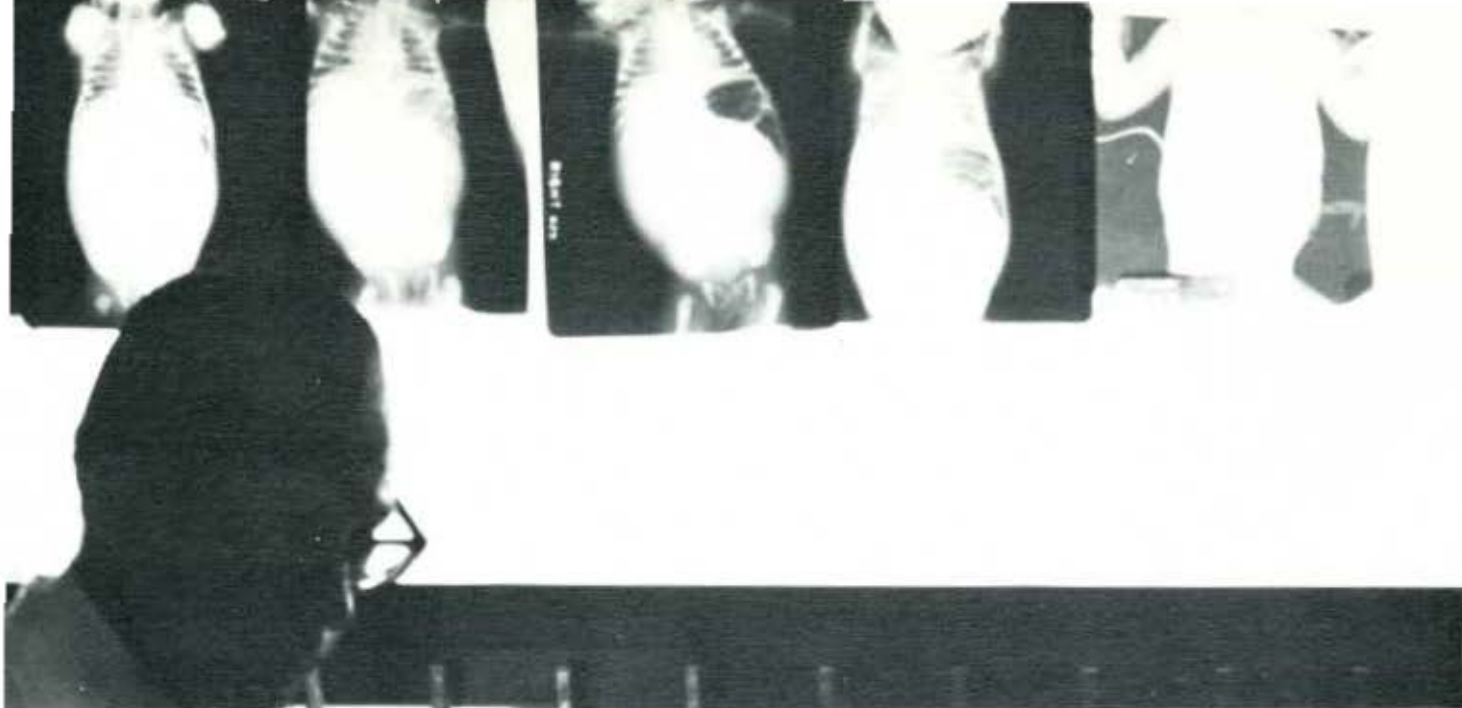


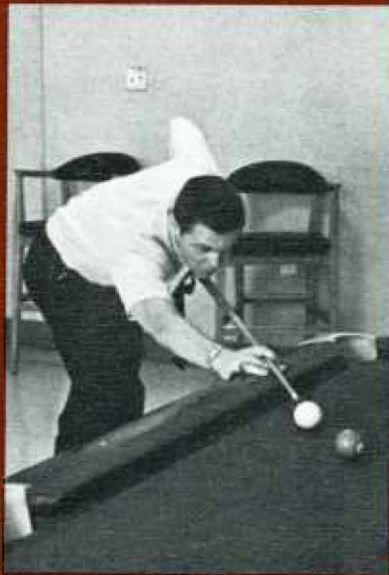
"Well, Doc, before that I was a bag man for the mob."











## ACTIVITIES







# EDITORIAL:

## Harvey B. Lefton

# the changing role of student activities

By Harvey B. Lefton



Harvey Lefton

Jefferson is in a period of transition, with the traditional approach of the past three decades giving way to modern concepts of medical education. The changes have been too slow for many and too fast for some, but there occurrence is undeniable. Perhaps the most striking changes have been manifested among the students. No longer are they interested solely in earning a degree; there is recognition of pressing social problems and a commitment to do something about them. This has resulted in student demands for a voice in shaping the future role of the physician in the delivery of health care.

Student activities at Jefferson have served as a mirror of these changes, with student organizations and their programs, for the most part, assuming more meaningful goals. No longer are extracurricular activities merely another opportunity for social relationships. They are focusing attention on community involvement, stimulating curriculum reform and engaging in meaningful dialogue about the contemporary problems of both the student and the physician.

While this change has been apparent to most observers at Jefferson, it has not involved all students. A major reason is that many students participate in no activities. This applies particularly to seniors—who theoretically have the most to offer a student organization—and to juniors, who are caught up in

clinical responsibilities for the first time. Families and the search for a suitable internship also takes much of a senior's time, and there is the inevitable disillusionment and disinterest to divert his interest from organizational and academic problems at Jefferson. Seniors who do participate seem to have time for only one activity. Juniors have fewer time-consuming clinical responsibilities, and they seem to carry the burden of harnessing student energy for the accomplishment of desired changes.

Student desires are not the only explanation for recent changes in attitude and the quality of student life. Jefferson's new university status and the advent of a student commons have been major factors. Part of the university concept is the inauguration of a "paninstitution" system of programming (which sometimes seems to work to the detriment of the medical college). Jefferson Hall Commons has made this possible, since it offers the necessary space for meetings, lectures, films, exhibitions and athletic activities. While many students were wary of the establishment of a "student union," it has succeeded in establishing a university spirit, and has not resulted in the predicted deleterious effects. Much of the fear voiced before establishment of the commons concerned the effect it was expected to have on existing organizations—particularly fra-

ternities. The concern was made more acute by the precarious financial situation of several of the fraternities, and the dissolution of *Phi Lambda Kappa* due to internal dissention and an inability to attract new members.

Now that the commons is with us, it is obvious it has not had an adverse effect on the fraternities. Unburdened by the need to provide public parties, they are able to channel their funds into quality private parties. The fraternities have found that their strength rests on the spirit of fellowship and brotherhood that arises from fraternity life. The current feeling of strength is shown by the large number of fraternity members participating on the Commons Board, as well as in student societies and class politics. Nevertheless, the dissolution of *Phi Lambda Kappa* should serve as a warning that internal weakness and disinterest are still a threat. The Interfraternity Council is a new organization formed to battle such weakness. It has provided an effective means for solving common problems, coordinating activities and engendering collective strength.

Another new organization at Jefferson also reflects growing student involvement. It is *Ariel*, the student newspaper, which has stimulated examination of many issues, as well as criticism and debate over the curriculum and other aspects of student life. *Ariel* has been a controversial publica-



tion, but it has served to awaken the university to the discontent of the student body. It has suffered from growing pains, but its value as the first open forum for students to express opinions on Jefferson issues is incontrovertible.

One of the organizations that drew the wrath of Ariel was the Student Council, which had long been scorned as a moribund institution. Critics were especially dissatisfied with the unrepresentative nature of the membership, which was heavily weighted in favor of the fraternities. Months before the appearance of *Ariel*, the wheels of reform began moving on Council and the constitution was revised to provide more equitable representation. The reforms were designed to make the Council more responsive to the needs and desires of the classes and to involve constituents more directly in decision-making. Council's other important contributions came through its committees, which provided student representation on faculty committees for the first time. This gave students a voice in curriculum planning and admissions, as well as in other important faculty functions. Council has also lost its reluctance to debate controversial issues and has become embroiled in seeking solutions to student problems. These changes may seem minor and long overdue, but they are a significant beginning.

While the role of the Student Council has broadened, another traditional Jefferson organization is suffering from student apathy. *Kappa Beta Phi* has seen interest in the Black and Blue Ball lagging from year to year. The dance, only formal social event during the school year, has suffered from poor organization and publicity, along with the unfortunate selection of an inconvenient site last year and this year. Perhaps the need for this type event should be reexamined.

Another organization that has not undergone a much-needed catharsis is the Student American Medical Association (SAMA). It continues to live up to its reputation for inactivity and ineffectual programming and seems, all-in-all, as disorganized as its bulletin board in the College. Many students wonder what, if any, is the function of SAMA. The future of any organization that is less active than its women's auxiliary is cloudy at best.

Organizations such as the Student

Research Society, Pediatric Society, Sims Society and the newly organized Gibbon Surgical Society serve to acquaint students with opportunities and current topics of interest in those specialties. The honoraries, such as the Hare Medical Society and Alpha Omega Alpha, have also attempted to provide their members with informative lectures. This has been the traditional role of all of these societies, and they apparently see no reason to do any more—to involve themselves in community issues, for example. None has explored the possibility of involvement in programs to help the medically indigent and have neglected to stimulate student-faculty involvement in community health clinics. This is unfortunate, for these organizations could provide the manpower to staff such clinics, and could approach this challenge as an opportunity to add practical medical experience to their current program of didactic presentations. This is important, because the new sense of social awareness among students needs practical programs for expression if it is to have meaning.

Another problem unmet by student organizations is the chasm between practicing physicians and today's students. There is no interaction with professional organizations and while students are, in the main, dissatisfied with the image of today's physician few attempts have been made to convey this feeling in a constructive manner through county medical societies.

One organization that reaches the practicing physician is The Clinic, which serves as the official record of the school year and the strongest bond many alumni have with their *alma mater*. The irony of the Clinic is that its 1969 edition contained provocative suggestions for constructive change and highlighted many of the deficiencies at Jefferson, yet these seemed to be



forgotten in the excitement over the nude centerfold, which was a sales gimmick at best. One must lament that the insight shown by several of the contributors apparently was ignored. Such criticism must be considered seriously if the direction of Jefferson's period of transition is to be toward excellence, rather than continued mediocrity.

A few reformers have considered these suggestions and tried to implement them. The efforts of this small faction have been misunderstood and successfully opposed for the most part. Many felt the faculty should bear the burden for correcting faults, but this is an abdication of responsibility that must be shared by all students—not just a vocal minority. Student societies, both professional and social, must accept the challenge and forsake their traditions of noninvolvement if their unrealized potential is to be mobilized to insure a *meaningful* future for Jefferson.







Terry Carden—Editing is mainly a job of selection.

## efforts of the 1970 Clinic

Editor .....	Terrence S. Carden, Jr., '71
Business Manager .....	Thomas W. Fiss, Jr., '71
Photography Editor .....	William A. Keel, Jr., '70
Contributing Editor .....	Harvey B. Lefton '70
Photographers .....	Al Monkowski '70
	Barry Penchansky '71
	Steve Smith '72
	Bill Brubaker '72
Typing .....	Jane Klein



Tom Fiss—The presses don't roll if the bills aren't paid.



To undertake publication of The Clinic is to accept responsibility for producing the official chronicle of an academic year at Jefferson, as well as a suitable tribute to the graduating class. The task this year, as always, fell on the shoulders of a few. It was made more difficult by the specter of the 1969 Clinic, which received international notoriety for its nude centerfold. The interminable question, "Are you going to have a nude this year?" was decided early. The nude was a brilliant promotion gimmick, but lacked enduring quality and tried a second time would probably fall flat on its face. Besides, further degrees of nudity would not only skirt the bounds of good taste but would provide a basis for charges of pornography.

The most significant contribution of the 1970 is the special section honoring the 100th anniversary of the Alumni Association. The reasons for this dedication and other background information are contained in the introduction to that section. Other important innovations this year include the overall report on the state of student activities at Jefferson. This contribution was long overdue, and replaces the stereotyped reports on individual activities that appeared in previous Clinics. Several other traditional practices were reviewed, found wanting and eliminated in the interests of producing a better yearbook.

Success in attaining that goal will not be apparent until the 1970 Clinic has withstood the test of time.

*Terrence S. Carden Jr.*

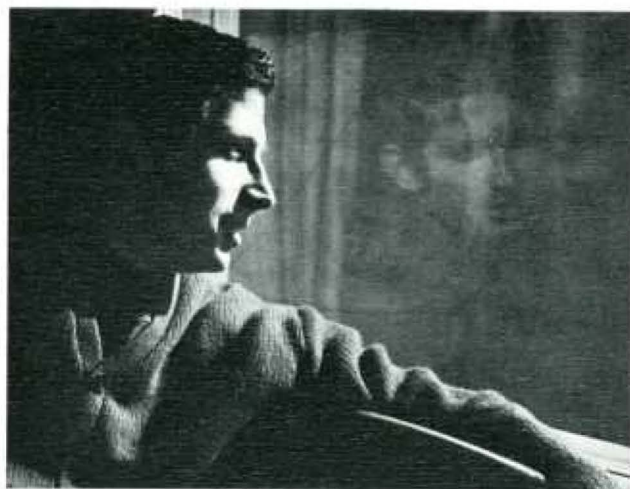
TERRENCE S. CARDEN, JR. '71  
*Editor*



Harvey Lefton—An overview of activities, long overdue.



Al Monkowski—Always reliable.



Bill Keel—Photography is the heart of every yearbook.

## student council

### 1969 OFFICERS

**Thomas R. Connelly**, president  
**Ronald Grossman**, vice president  
**Elizabeth London**, secretary  
**Harvey B. Lefton**, treasurer



### 1970 OFFICERS

**Ronald Grossman**, president  
**Glenn Nye**, vice president  
**Terrence Carden**, secretary  
**William Davison**, treasurer



## OFFICERS

**Barry Make**, president  
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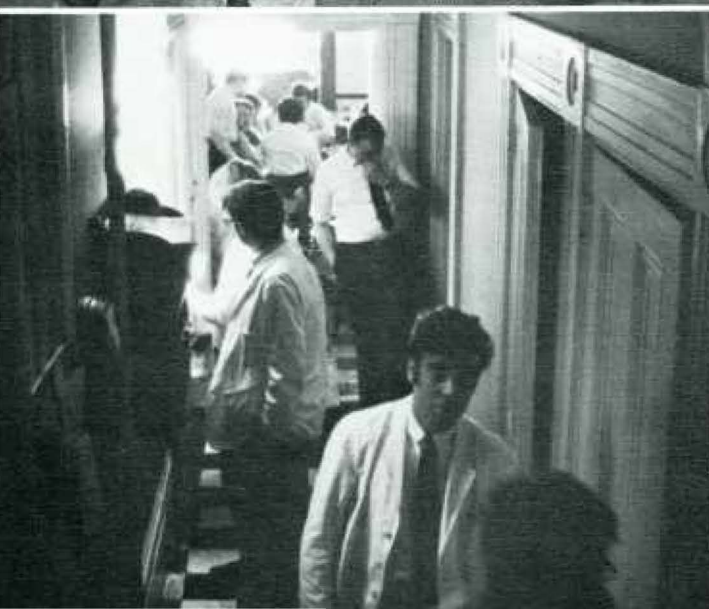
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jefferson hall commons

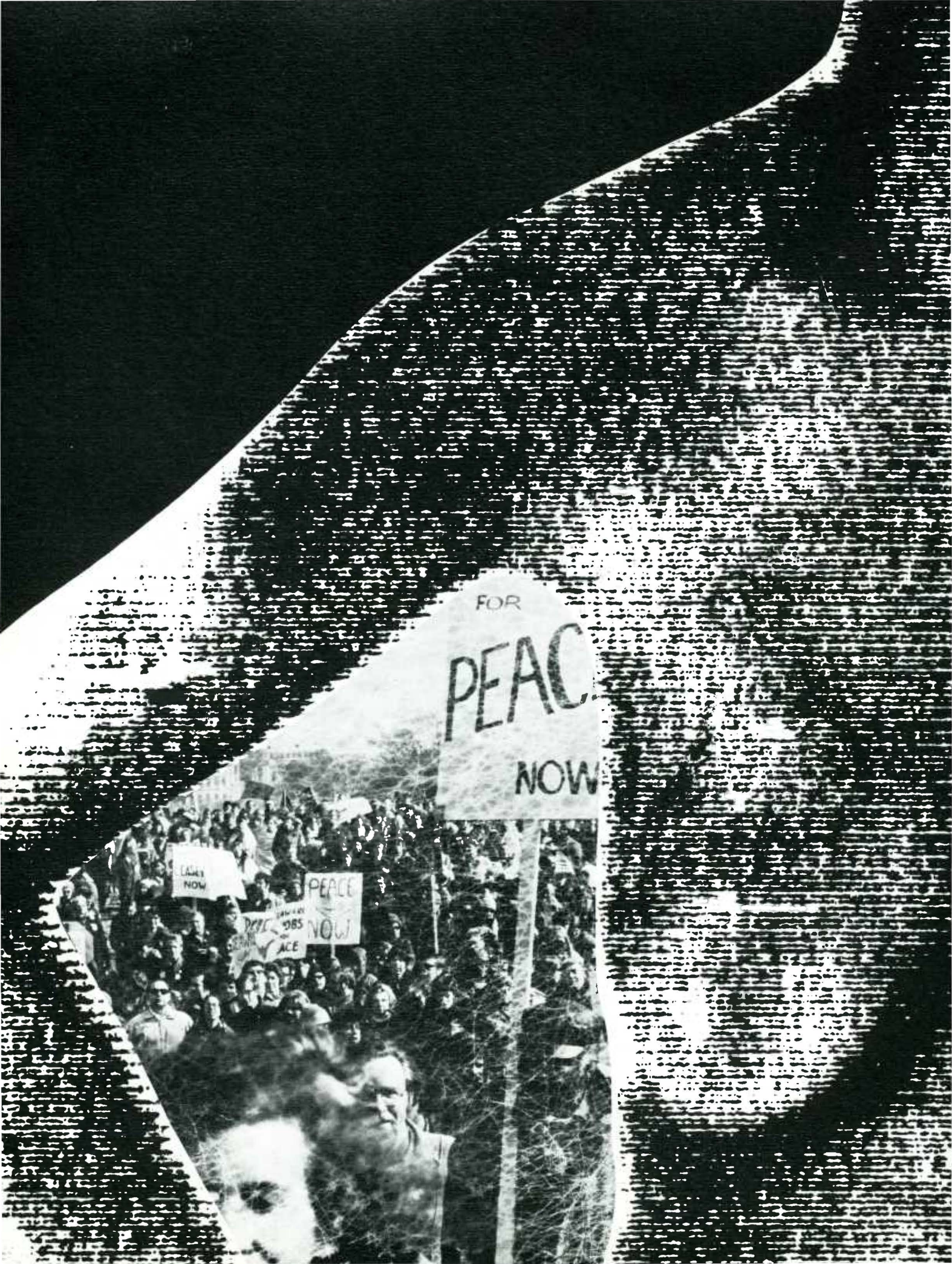
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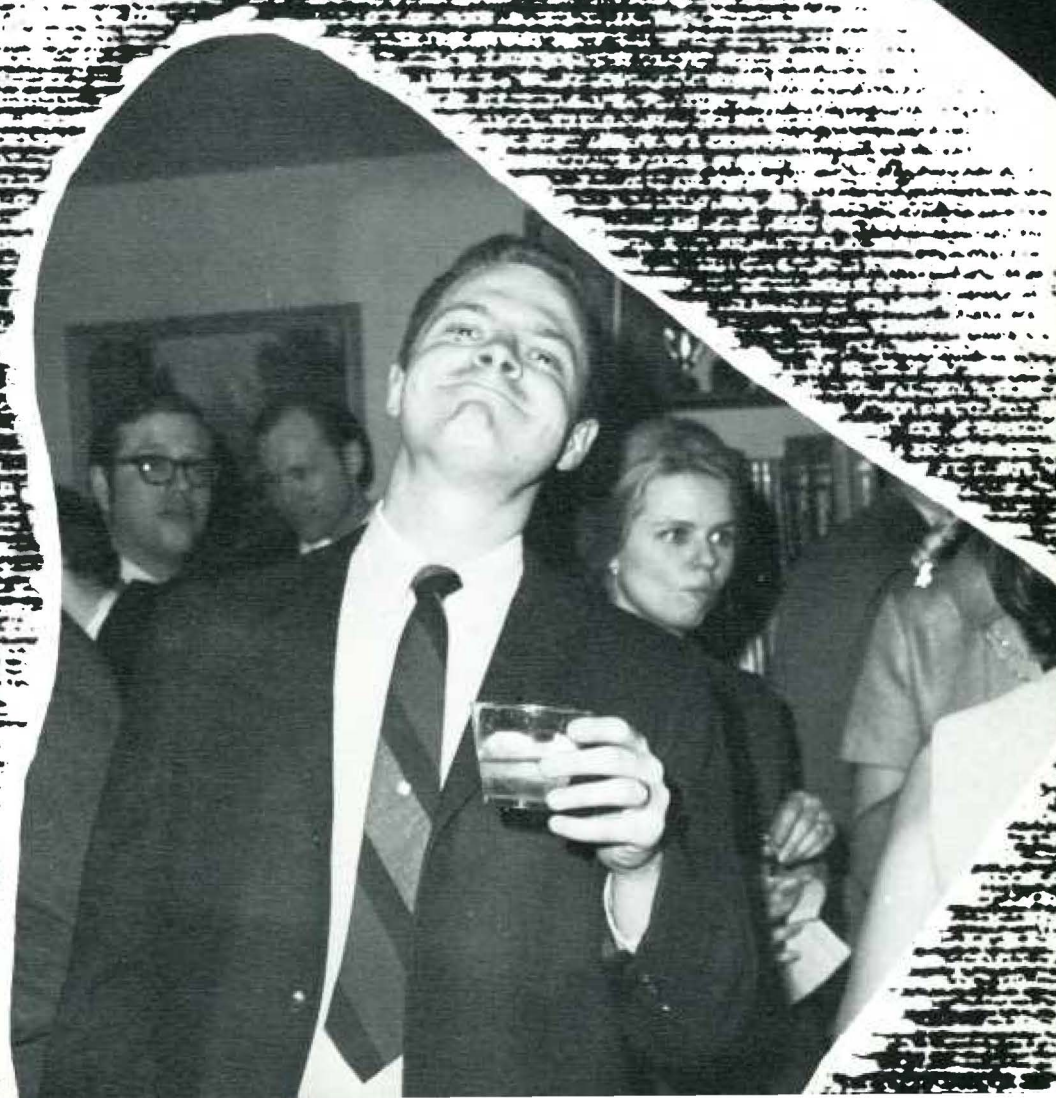














# THE OATH



**SWEAR** by Apollo the physician and Æsculapius & Health  
& All-heal & all the gods & goddesses that according to my  
ability & judgement

**I WILL KEEP THIS OATH**

.& this stipulation-to reckon him who taught me this Art equally dear  
to me as my parents;to share my substance with him & relieve his  
necessities if required;to look upon his offspring in the same footing as  
my own brothers & to teach them this Art if they shall wish to learn it

**WITHOUT FEE OR STIPULATION.**

& that by precept,lecture & every other mode of instruction, I will  
impart a knowledge of the Art to my own sons, & those of my  
teachers, & to disciples bound by a stipulation & oath

**ACCORDING TO THE LAW OF MEDICINE**  
but to none others. I will follow the system of regimen which ac-  
cording to my ability & judgement I consider

**FOR THE BENEFIT OF MY PATIENTS**

& abstain from whatever is deleterious & mischievous. I will give no  
deadly medicine to any one if asked nor suggest any such counsel & in  
like manner I will not give to a woman a pessary to produce abortion.

**WITH PURITY & WITH HOLINESS I WILL  
PASS MY LIFE & PRACTICE MY ART**

I will not cut persons laboring under the stone, but will leave this to  
be done by men who are practitioners of this work. Into whatever  
houses I enter, I will go into them for the benefit of the sick, & will ab-  
stain from every voluntary act of mischief & corruption. And Further  
from the seduction of females or males of freemen & slaves. Whatever  
in connection with my professional practice or not in connection with  
it, I see or hear in the life of men which ought not to be spoken of abroad,

**I WILL NOT DIVULGE**

as reckoning that all such should be kept secret. While I continue to  
keep this Oath unviolated, may it be granted to me to enjoy life & the  
practice of the Art respected by all men in all times!

But should I trespass & violate this Oath, may the reverse be my lot!



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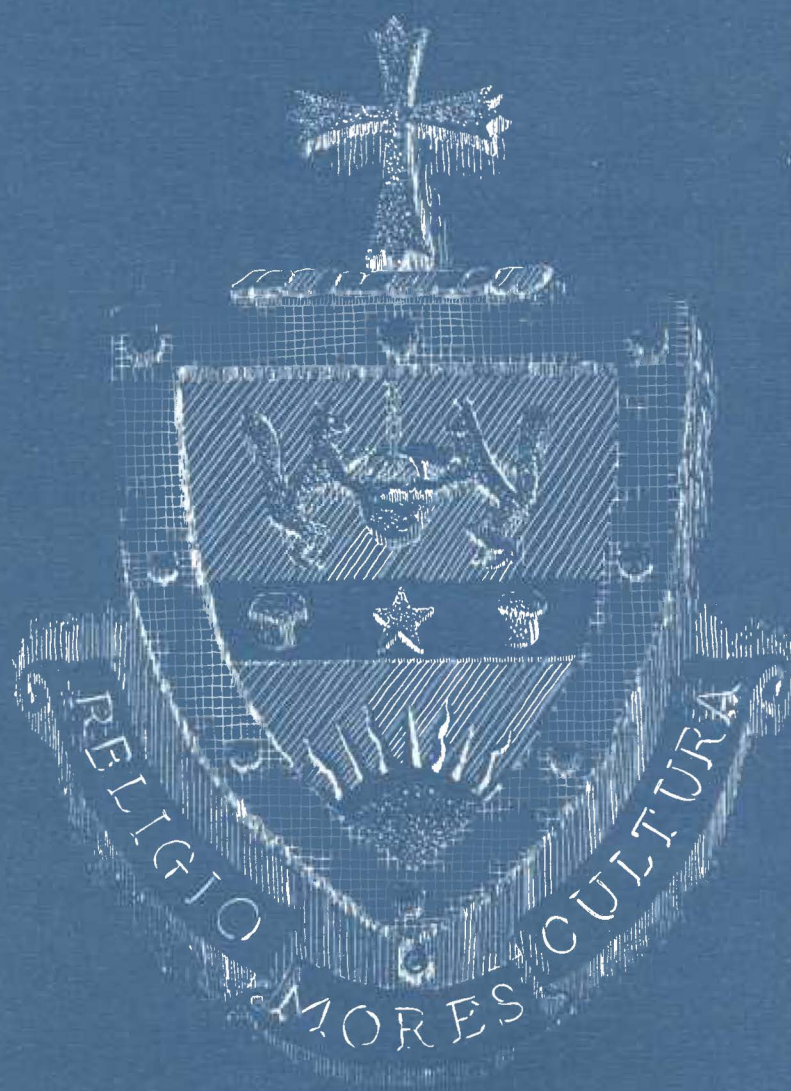
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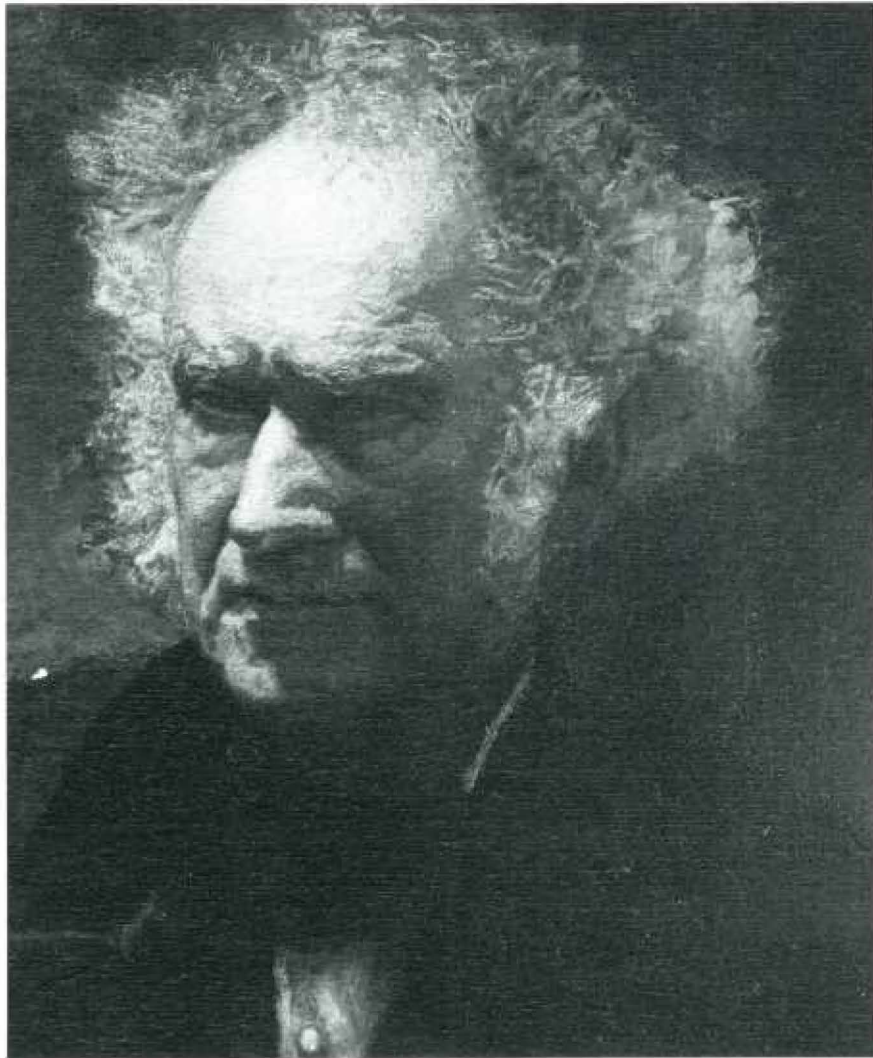
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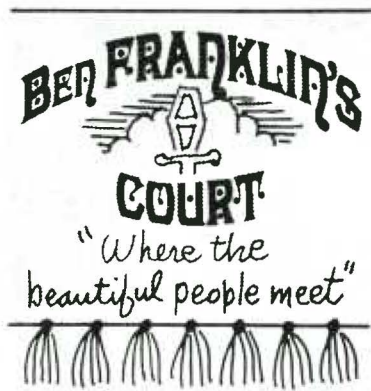
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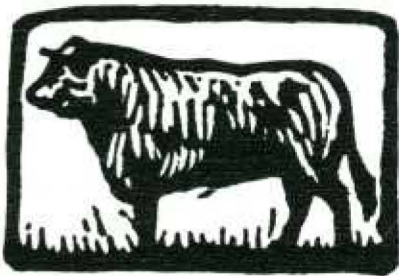
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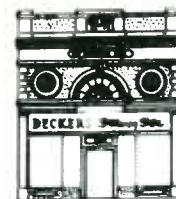
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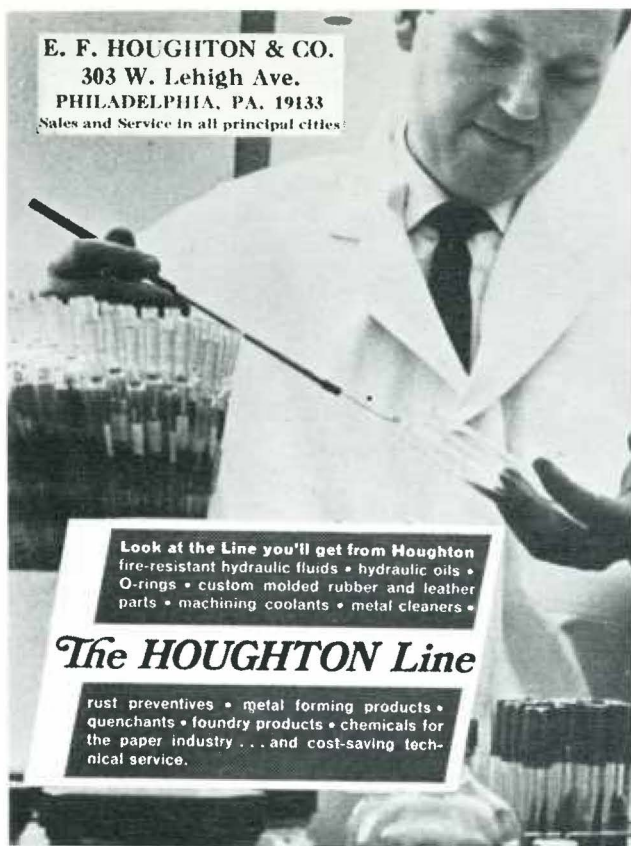
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